DOCUMENT RESUME

ED 231 121 EC 151 996

TITLE	Programs and Services for the Emotionally Handicapped.
INSTITUTION	Hawaii State Dept. of Education, Honolulu. Office of Instructional Services.
REPORT NO	RS-82-3437
PUB DATE	Sep 82
NOTE	150p.
PUB TYPE	Guides - General (050) -- Reference Materials - Directories/Catalogs (132) -- Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Definitions; Elementary Secondary Education; Eligibility; *Emotional Disturbances; *Handicap Identification; Individual Characteristics; Individual Needs; *Program Development; Resources; Special Education; State Departments of Education; *State Standards; Student Evaluation
IDENTIFIERS	*Hawaii

ABSTRACT

Standards and guidelines are provided for school districts in Hawaii for identification of emotionally handicapped (EH) students, previously designated "seriously emotionally disturbed," and for developing educational programs to serve this population. Differentiation is made between the EH child, who requires special services for severe behavioral or emotional deviations including "acting out" and "withdrawn" behavior, and "alienated" students who are served under another program. An overview of the exceptionality covers such aspects as basic concepts, definitions of commonly used terms, traditional treatment practices (e.g., psychoeducational or ecological approach), compounding exceptionalities, current trends (e.g., neutralization and "fair fight" approaches), and implications of the state plan. Listed in the section on nature and needs of EH students are learning, psychological, emotional, and social characteristics. Implementation guidelines are given for "Childfind" (handicap identification), student evaluation and eligibility, and programing. Included in a resource supplement are a reference section of approximately 900 citations, a list of 20 screening instruments, a list of about 85 publishers of curriculum materials (with addresses and codes for 9 subject topics), an annotated list of 9 resources available from agencies in Hawaii, an annotated list of 7 special education instructional objectives banks, sources of free or inexpensive materials, and 26 other resources for classroom materials. Also included are forms for recordkeeping. (MC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Programs and Services for the Emotionally Handicapped

ED231121

Department of Education
State of Hawaii

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
P Izumo
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Office of Instructional Services/Special Needs Branch ■ Department of Education ■ State of Hawaii
RS 82-3437 ■ September 1982

EC151996

The Honorable George R. Ariyoshi
Governor, State of Hawaii

BOARD OF EDUCATION

William A.K. Waters, Chairperson
June C. Leong, First Vice-Chairperson
John Penebacker, Second Vice-Chairperson

Rev. Darrow L.K. Aiona
Margaret K. Apo
Mako Araki
Sherwood M. Hara
Dr. Hatsuko F. Kawahara
Janie Nakamatsu, J.D.
Meyer M. Ueoka
Noooru Yonamine
Randal Yoshida
Dr. Nancy Foon Young

Dr. Donnis H. Thompson, Superintendent of Education
Dr. Lloyd K. Migita, Deputy Superintendent

Bartholomew A. Kane, State Librarian

James Edington, Assistant Superintendent
Office of Business Services

Dr. Evelyn Klinckmann, Assistant Superintendent
Office of Instructional Services

Ronald Nakano, Assistant Superintendent
Office of Personnel Services

Francis M. Hatanaka, District Superintendent
Central District Office

Lokelani Lindsey, District Superintendent
Maui District Office

Dr. Kiyoto Mizuba, District Superintendent
Hawaii District Office

Dr. Mitsugi Nakashima, District Superintendent
Kauai District Office

Andy Ni, District Superintendent
Leeward District Office

Dr. Margaret Y. Oda, District Superintendent
Honolulu District Office

Kengo Takata, District Superintendent
Windward District Office

GEORGE R. ARIYOSHI
GOVERNOR

DR. DONNIS H. THOMPSON
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P. O. BOX 2360
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

MEMO TO: District Superintendents, Principals, Special Services Teams and Special Education Teachers

F R O M: Dr. Donnis H. Thompson
Superintendent of Education

SUBJECT: Amendment in Departmental Procedures Regarding the Categorization of Certain Students for Special Education Eligibility

This is to inform you that as of this date all students found eligible for special education and related services under the criteria presented in the Department's Programs and Services for the Emotionally Handicapped are to be assigned the disability category "Emotionally Handicapped", rather than the previous designation "Seriously Emotionally Disturbed".

All students previously designated "Seriously Emotionally Disturbed" may be found "Emotionally Handicapped" upon re-evaluation when the revised eligibility criteria are met. Whenever any person working with such a student requests a change in the disability category, the procedures for requesting re-evaluation are to be followed.

Students who meet the revised eligibility criteria for "Health Impairment due to Autism" articulated in the Addendum to Programs and Services for the Orthopedically Handicapped and Other Health Impaired are to be found eligible for special education and related services under the disability category "Health Impaired" accordingly.

The programming and placement of all handicapped children will continue to be based on the assessed needs articulated in each student's Individualized Education Program (IEP), rather than on the basis of disability categories.

Any questions which may arise regarding this change in procedure may be directed to Dr. Patrick McGivern in the Exceptional Children Section of the Office of Instructional Services (737-2166).

DHT:tao

cc: Assistant Superintendents
Branch Directors, Office of the Superintendent
State Librarian

AN EQUAL OPPORTUNITY EMPLOYER

FOREWORD

The Department of Education, in its effort to fulfill its commitment to provide educational programs and services to all handicapped students, has developed the Program Standards and Guidelines for Special Education and Special Services. This document, Programs and Services for the Emotionally Handicapped, is one component of the above and is designed to provide the standards for identifying and educating certain handicapped students and to aid in implementing programs for this special population.

The following standards and guidelines are to be followed by districts and schools until officially revised. Periodically, users will be requested to submit recommendations for modification to the document. Revisions will be based on recommendations received and the latest research and information available.

These program standards and guidelines supersede all standards and guidelines previously adopted by the Department on the same subject.

Dennis H. Thompson

Dr. Donnis H. Thompson
Superintendent of Education

August 18, 1982
Date

PROGRAMS AND SERVICES FOR THE EMOTIONALLY HANDICAPPED

CONTENTS

	Page
Overview of the Emotionally Handicapped	EH 1
Basic Concepts	EH 1
Discussion of Commonly Used Terms	EH 2
Traditional Treatment Practices	EH 9
Implications of Compounding Exceptionalities	EH 12
The Emotionally Handicapped Student in Various Settings	EH 12
Current Trends	EH 14
Implications of the State Plan	EH 22
Nature and Needs of the Emotionally Handicapped	EH 26
Growth and Development	EH 26
Learning Characteristics	EH 26
Psychological, Emotional and Social Characteristics	EH 27
Summary and Conclusions	EH 31
Implementation Guidelines for the Emotionally Handicapped	EH 32
Childfind	EH 32
Appraisal	EH 36
Programming	EH 41
References and Resource Supplement	EH 60
References	EH 61
Screening Instruments	EH 106
Publishers of Curricular Materials	EH 108
Sources of Free and Inexpensive Materials	EH 113

OVERVIEW OF THE EMOTIONALLY HANDICAPPED

BASIC CONCEPTS

The emotionally handicapped student is one who, after receiving supportive educational assistance and the counseling services available to all students, persists in exhibiting emotional conflicts which disrupt the student's own learning process as well as interfering with adjustment to the social and emotional demands of the school environment. However, the emotionally handicapped student's difficulty in learning is not attributable primarily to mental retardation, learning disability, cultural differences, alienation, nor physical health factors.

Emotionally handicapped children and adolescents have been described, defined, and classified from a variety of viewpoints outlined in the next section. For the purposes of this document, students with severe behavioral or emotional deviations who require special instructional services may be determined to be either "emotionally handicapped" or "alienated", depending on whether they meet the respective criteria.

In Hawaii, the term "emotionally handicapped" is used to describe students eligible for special education who are seriously "withdrawn", as well as those who aggressively "act out" due to inadequate personality integration and personal distress. The term "alienated" is assigned to those students who persistently conflict with societal norms, school restrictions, or laws, yet who are not judged to be in the emotional conflict which characterizes a handicapped condition. Both "alienated" and "emotionally handicapped" categories of "behavior disordered" students are served by programs of the Special Needs Branch of the Office of Instructional Services. The Comprehensive School Alienation Program is located in the Compensatory Education Section, whereas the Program for the Emotionally Handicapped is located in the Exceptional Children Section. It must also be noted that there is some overlap of these two programs in that these two conditions are not always mutually exclusive. That is, some students may be eligible for both programs.

The American Psychiatric Association (1980) has classified "Disorders Usually First Evident in Infancy, Childhood or Adolescence" into a variety of categories. These categorical diagnoses may be assigned as the result of an evaluation of mental health status, and they may be useful to the special educator insofar as they indicate the presence or absence of an emotional disorder which may require individualized educational programming, depending upon the degree to which a student's own learning is disrupted.

The provision of an appropriate program and placement for each individual student identified as being handicapped is of primary concern to educators. Etiologies (causes) of handicapping conditions, when known, may be helpful to increase understanding of students' behaviors, yet they are frequently

secondary to programming to modify symptoms (effects, behaviors) which hinder learning in the school setting. The disability categories designated for students identified as eligible for special education are necessary for federal reporting purposes only, and they do not imply information concerning the causes, educational programming, nor placement needs of handicapped students.

DISCUSSION OF COMMONLY USED TERMS

The following terms are used frequently by various professionals working with the emotionally handicapped. An understanding of these terms may be valuable in the interpretation of an appropriate educational program.

ADAPTIVE BEHAVIOR: Behavior that meets the standards of personal-occupational independence consistent with one's interests and life style.

AMENORRHEA: Absence or suppression of menstruation; may result from emotional factors.

ANOREXIA NERVOSA: Severe self-starvation and marked weight loss which may be life threatening; found most often in adolescent girls.

ANXIETY: Apprehension or tension stemming from anticipated or imagined danger.

APPLIED BEHAVIOR ANALYSIS (ABA): A system of studying behavior and intervening to modify it, based on behavioral principles; involves direct daily measurement and experimental control in the intervention of targeted behavior.

APPROXIMATIONS: In psychology, successful attempts to complete a task.

ATTENTION SPAN: The length of time a person can concentrate on a singular activity before losing interest.

ATTENTIONAL STRATEGIES: The use of verbal labeling, rehearsal, self-instruction, or other techniques by a child in order to improve abilities to attend efficiently to appropriate stimuli.

AUTISM (EARLY INFANTILE AUTISM): A disorder (appearing by 30 months of age) characterized by noncommunication, lack of social skills, withdrawal, developmental delays, stereotypic behavior, and obsessive insistence on the preservation of sameness; believed to be caused by neurophysiological disturbances; now considered Health Impairment rather than Emotional Handicap.

BEHAVIOR: Overt reponse to a stimulus emitted voluntarily or elicited involuntarily.

BEHAVIOR MODIFICATION: The systematic environmental arrangement of cues or consequences to produce desired frequency of overt responses.

BEHAVIORAL MODEL: A set of assumptions that behavior disorders are primarily a result of inappropriate learning and that the most effective preventative actions and therapeutic interventions will involve controlling the child's environment in order to teach appropriate behaviors.

BIOPHYSICAL MODEL: Model of emotional disorders based on "disease" model, wherein the pathology is within the individual; the disorder may be manifested at any time, but environmental stresses may be necessary to activate disturbance.

CATHARSIS: Cleansing; in psychoanalytic theory, the notion that it is therapeutic to express one's feelings freely under certain conditions, e.g., that aggressive drives can be reduced by free expression of aggression in a safe way, such as hitting a punching bag or pillow.

CHARACTER DISORDER, CONDUCT DISORDER: A condition characterized by acting-out, aggressive, or disruptive behavior with little or no indication of associated guilt or anxiety (see psychopath).

CHRONIC: A condition which progresses slowly and is long continued.

COGNITIVE BEHAVIOR MODIFICATION: A therapeutic procedure which attempts to alter the manner in which a person thinks about his life in order to alter his overt behavior.

COMPETENCY-BASED MEASURE: Assessment of child's attainment of performance objectives and essential competencies.

CONCEPTUAL MODEL: A theory; in behavior disorders, a set of assumptions regarding the origins and nature of the problem and the nature of therapeutic mechanisms; a set of assumptions guiding research and practice.

CONTINGENCY: A temporal and/or physical condition in which a response is followed by a positive or negative reinforcing stimulus or the removal of either.

CONTINGENCY CONTRACT: In behavior modification, a written agreement between a child and adult(s) specifying what the consequences will be for specific behaviors.

CRITERION OF ULTIMATE FUNCTIONING: A standard based upon the behaviors required for the greatest degree of independent operation, used for selecting information and skills to be taught to an individual.

CUE (CUEING): Use of a specific stimulus to evoke a desired response.

DESENSITIZATION: SYSTEMATIC DESENSITIZATION: The elimination of fears or phobias by gradually exposing the fearful individual to successively more anxiety-provoking stimuli (real or imagined) while the individual remains relaxed and free of fear.

DEVELOPMENTAL DEVIATIONS: DEVELOPMENT DISORDERS: Behavior disorders

apparently caused by failure of the child to develop at a normal rate or according to the usual sequence.

DISABILITY: The reduced functioning that results from any physcial/emotional/behavioral deficiency.

DISINHIBITION: An inability to refrain from making responses to perceived stimuli.

DISTRACTIBILITY: Inability to direct and sustain attention to the appropriate or relevant stimuli in a given situation.

DYNAMIC PSYCHIATRY: The study of emotional processes, mental mechanism, and their origins; the study of evolution, progression, or regression in human behavior and its motivation; distinguished from descriptive psychiatry (in which the focus is on static clinical patterns, symptoms, and classification).

ECHOLALIA: The parroting repetition of words or phrases either immediately after they are heard or later.

ECOLOGICAL MODEL: A set of assumptions that behavior disorders are primarily a result of flaws in a complex social system in which various elements of the system (e.g., child, school, family, church, community) are highly interdependent, and that the most effective preventative actions and therapeutic interventions will involve changes in the entire social system.

ELECTIVE MUTISM: Muteness of a child who is able to talk; the child chooses to be mute, usually except in the presence of mother or a few other select people.

EMOTIONAL LABILITY: Unstable or rapidly shifting emotional states.

ENCOPRESIS: Incontinence of feces, which may consist of passing feces into the clothing or bed at regular intervals or leaking mucus and feces into the clothing or bed almost continuously.

ENDOGENOUS: Describing conditions of which the origins are inherent in the organism.

ENURESIS: Incontinence of urine, which may be diurnal (wetting oneself during the day) or nocturnal (bedwetting).

EPIDEMIOLOGICAL STUDY OF EMOTIONAL DISTURBANCE: Study in which disturbance is compared across cultures and social classes or in which such factors as social change are examined to determine how they might contribute to the disorder.

ETHOLOGY: The scientific comparative study of animal and human behavior, relying especially on naturalistic observation.

EXOGENOUS: Describing conditions which originate outside the organism.

FRUSTRATION-AGGRESSION HYPOTHESIS: The hypothesis that frustration always produces aggression and that aggression is always the result of frustration.

HANDICAP: A disadvantage that results from a disability and may vary for people with identical disabilities, but not synonymous with disability.

HOSTILE AGGRESSION: Irrational destructive behavior with no apparent goal other than the harming of others.

HUMANISTIC APPROACH: In education, emphasis on individual's dignity and encouragement of interests; concentrates on enhancing individual's internal motivation, emotional involvement, and self-evaluation.

HYPERACTIVITY: Excess movement or motor restlessness.

HYPOACTIVITY: The absence of a normal amount of bodily movement and motor activity; lethargy.

HYPOGLYCEMIA: An abnormally low level of blood sugar which may produce behavioral symptoms such as irritability; fretfulness, confusion, negativism, or aggression; may be associated with diabetes.

IMPULSIVITY: The behavioral characteristic of acting upon impulse without consideration of the consequences of an action.

INDUCTION APPROACH: The use of reasoning, explanation, modeling, and expressions of love and concern in discipline, especially in teaching or enforcing moral standards.

INITIATING BEHAVIORS: One person's cueing, modeling, physically prompting, or mandating an event that serves as a stimulus for initial responses from another person.

INSTRUMENTAL AGGRESSION: Destructive manipulative behavior aimed at another person as a means of attaining goals other than harming the person, e.g., to avoid an assignment or to intimidate classmates who observe the behavior. A form of aggression more easily modified than hostile aggression.

INTERVENTION: The method or strategy used in the treatment of a behavior disorder.

INTERACTIONAL-TRANSACTIONAL MODEL: A set of assumptions that behavior disorders are primarily a result of the mutual influence of the child and other persons on each other and that the most effective preventative actions and therapeutic interventions will involve changing the nature of the interaction and transactions between the child and other persons.

INTRAPSYCHIC; INTRAPSYCHIC CAUSAL FACTORS: Having to do with the mind; in the mind itself; conflict or disequilibrium between parts of the mind; in psychoanalytic theory, the id, ego, and superego; especially conflict in the unconscious.

LIFE SPACE INTERVIEW: A therapeutic way of talking with disturbed children about their behavior; a set of techniques for managing behavior by means of therapeutic communication.

LOCUS OF CONTROL: The belief that one's behavior is under internal or external control; an individual has an internal locus to the extent that he believes he is responsible for his actions, and external locus to the extent that he believes others' actions determine his behavior.

MODELING: Providing an example which, it is hoped, the child will imitate; a behavior modification technique in which a clear model of the desired behavior is provided; reinforcement is typically given for imitation of the model.

NEUROSIS; NEUROTIC BEHAVIOR: Behavior disorder characterized by emotional conflict but not a loss of contact with reality (see also personality disorder).

OPERANT CONDITIONING: Changing behavior by altering its consequences; affecting the future probability of a response by providing positive or negative reinforcement as a consequence of its occurrence.

OPERANT LEVEL: The strength of a response prior to any known conditioning.

ORGANICITY: Behavioral indications of brain damage or organic defects.

ORTHOMOLECULAR THERAPY: The administration of chemical substances, vitamins, or drugs under the assumption that a basic chemical or molecular error which causes behavior disorders will be corrected.

OVERCORRECTION: A set of procedures designed to "overcorrect" behavioral errors; may be positive practice overcorrection (requiring the individual to practice a more adaptive or appropriate form of behavior) or restitution overcorrection (requiring the individual to restore the environment to a condition better than its status before the misbehavior occurred).

PERSEVERATION: Repetition of a behavior to an exceptional degree or beyond a desired point.

PERSONALITY DISORDER: Deeply ingrained, inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress.

PHOBIA: An irrational and debilitating fear.

PINPOINT: To specify or "target" an observable behavior.

PLAY THERAPY: Therapeutic treatment, pioneered by Anna Freud and Virginia Axline, in which the child's play is used as the theme for communication between therapist and child.

PRECISION TEACHING: Instructional procedure involving (1) pinpointing

behaviors to be changed, (2) measuring frequency of behaviors, (3) designing instructional plan or intervention procedure, (4) measuring performance continuously and directly, and (5) graphing data to analyze trends and insure that aims are met.

PREMORBID; PREMORBID PERSONALITY: The condition or personality characteristics existing prior to the onset of illness or disorder and in some cases, predictive of the outcome of the disorder.

PREVENTION: A focused effort to reduce the causes of recurrent problems.

PSYCHODYNAMIC MODEL: A set of assumptions that behavior disorders are primarily a result of unconscious conflicts and that the most effective preventative actions and therapeutic interventions will involve uncovering and understanding unconscious motivations.

PSYCHOEDUCATIONAL MODEL: An approach to education of disturbed children which applies knowledge from the study of human growth and development, group dynamics, mental health, school learning, and tests and measurements to educational problems and activities.

PSYCHOGENIC MEGACOLON: Chronic severe constipation and an enlargement of the colon, thought to be of mental, psychological, or emotional origin.

PSYCHOPATH; PSYCHOPATHIC: An individual who exhibits mostly amoral or anti-social behavior and is usually impulsive, irresponsible, and self-gratifying without consideration for others (also called sociopathic, character disordered, or conduct disordered).

PSYCHOSIS: Severe behavior disorder marked by a break from reality.

PSYCHOTHERAPY: Any type of treatment relying primarily on verbal and nonverbal communication between patient and therapist rather than medical and/or behavioral procedures.

PUNISHMENT: The presentation of an aversive stimulus or the removal of a desirable stimulus often creating emotional overlays which may inhibit learning; not the same as negative reinforcement (see reinforcement).

REACTIVE DISORDERS: Behavior disorders apparently caused by reaction to stressful circumstances.

REINFORCEMENT: The operation of arranging a consequential event in order to increase the rate of desired behavior. A consequence is called a reinforcer when it increases the behavior immediately preceding it; positive reinforcement is the presentation of a desirable stimulus; negative reinforcement is the removal of an undesirable stimulus (not punishment), e.g., relieving the student of an undesirable task.

RESPONSE: A behavior following and resulting from a presented stimulus.

RESPONSE COST: The removal of a quantity of previously acquired reinforcers contingent upon a misbehavior; a form of punishment.

RESPONSE TOPOGRAPHY: The particular movements that comprise a response; the way the reponse looks to an observer, as opposed to the effect of the response on the environment.

SCHIZOPHRENIA: A severe behavior disorder characterized by distortion of thinking, abnormal perceptions, and frequent bizarre behaviors.

SCHOOL PHOBIA: Fear of going to school, usually accompanied by indications of anxiety about attendance such as abdominal pain, nausea, or other physical complaints just before leaving for school in the morning.

SELECTIVE ATTENTION: The ability to direct and sustain one's attention to the appropriate and relevant stimuli in a given situation; disorders of selective attention include underselective attention (the inability to focus attention only on the relevant stimuli or to disregard irrelevant stimuli) and over-selective attention (the inability to attend to all the relevant stimuli or the tendency to focus on a particular irrelevant stimulus).

SELF-INSTRUCTION: Telling oneself what to do or how to perform; a technique for teaching children self-control or how to improve their performance by talking to themselves about what they are doing.

SELF-STIMULATION: Any repetitive, stereotyped activity which seems only to provide sensory feedback.

SEQUENCE: A part of a skill or habit which is taught and later linked with other parts of the skill or habit.

SHAPING: The process of rewarding responses that approximate the desired response.

SOCIAL LEARNING THEORY: A set of assumptions that antecedent or setting events (e.g., models, instructions), consequences (rewards and punishments), and cognitive processes (perceiving, thinking, feeling) influence behavior; includes features of behavioral model or behavior modification with additional consideration of cognitive factors.

SOFT NEUROLOGICAL SIGNS: Behavioral indications such as incoordination, distractibility, impulsivity, perceptual problems, and certain patterns of nerve reflexes which may occur in individuals who are not brain damaged but that cannot be said to indicate the certainty of brain damage.

STEREOTYPY; STEREOTYPED BEHAVIOR: A persistent repetition of speech or motor activity characteristic of psychosis.

STIMULUS: Anything that serves to evoke a response, such as sound, light, shape, or sight.

STRUCTURED APPROACH TO EDUCATION: Making the child's classroom environment highly predictable by providing clear directions for how student is to behave, firm expectations that student will behave as directed, and

consistent consequences for behavior, under the assumptions that the child lacks order and predictability in everyday life and will learn self-control in a highly structured (predictable) environment, derived primarily from learning theory.

SYSTEMATIC INSTRUCTION: A process of instruction characterized by: 1) systematic arrangement of the conditions for learning; 2) initial assessment; 3) specification of objectives; 4) continuous measurement of a child's performance; 5) instructional decisions based on performance measured; and 6) evaluation of overall effects of instructional conditions.

TARGET ASSESSMENT: Definition and direct measurement (counting) of behaviors that are considered to be problematic.

TASK ANALYSIS: The technique of carefully examining a particular task to discover the elements it comprises and the processes required to perform it.

TEMPERAMENT: An inborn behavioral style including general level of activity, regularity or predictability, approach or withdrawal, adaptability, intensity of reaction, responsiveness, mood, distractibility, and persistence.

THERAPEUTIC MILIEU: A total treatment setting that is beneficial; a healthful environment including attention to the value of both the physical and social surroundings.

TIME OUT FROM REINFORCEMENT: An interval of time during which reinforcement (reward) cannot be earned; in classroom practice, usually a brief period of social isolation during which the child cannot receive attention or earn rewards; a form of punishment (see Programming section).

TOKEN ECONOMY; TOKEN REINFORCEMENT; TOKEN SYSTEM: A system of behavior modification in which symbolic or "token" reinforcers such as points, plastic chips, metal washers, poker chips, or play money are given as rewards and later exchanged for "backup" reinforcers that have value in themselves (e.g., food, trinkets, play time, books); a miniature economic system used to foster desirable behavior.

UNSOCIALIZED AGGRESSION: Unbridled, aggressive behavior characterized by hostility, impulsivity, and alienation from others.

VICARIOUS EXTINCTION: Extinction of a fear response due to watching someone else engage in an anxiety-provoking activity without apparent fear; loss of fear (or other responses) by observing the behavior of others.

TRADITIONAL TREATMENT PRACTICES

For the most part, treatment procedures for the emotionally handicapped child have been taken from various theories in the field of psychology.

The following is a discussion of the most popular approaches for treating these children.

The psychodynamic approach, along with the non-directive approach (Rogers, 1969), deals more with causes, behavior symptoms and methods of treatment than with methods and curricula for teaching (Haring and Phillips, 1962). In this approach, the education of the emotionally handicapped child is secondary to the treatment of emotional illness. As a result, the development of teaching methods from this technique has been somewhat sparse. From this viewpoint, education is seen as a form of therapy in and of itself.

> Where educational tasks have been assigned, the children have not been held to the assignment until completed. They have been permitted to select only what they want to do. Education as a treatment tool seems to take on different meanings depending upon the theory of personality being used. As an example, when the treatment orientation is psychoanalytic, schoolwork is supposed to be used as a medium to assist the child in bringing into the conscious his unconscious conflicts (Haring and Phillips, 1962, p. 18).

In general, the psychodynamic approach employs relatively little use of structure with the emotionally handicapped child. Instead, it centers around the idea of encouraging the child to express freely emotions which are believed to be inhibiting the child's progress. In the classroom, the goal is to establish an emotionally healthy climate. The instructional program may become secondary to curriculum designed to develop a trusting relationship between teacher and student.

The behavioral approach focuses on currently observable behavior. Less of an attempt is made to relate the behavior to past traumatic experience or neurological dysfunction. Of course, if a child has a neurological deficit, this would be taken into account. It is believed that behavior, adaptive or maladaptive, is learned in accordance with the "law of reinforcement," and other social learning principles, such as "modeling". According to Deibert and Harmon (1970):

> The basic law states that living organisms tend to repeat those behaviors that result in rewards (desirabe outcomes) and tend to avoid those behaviors that fail to produce rewards. To state it another way, the "law of reinforcement" says: (1) Any behavior that is followed by a rewarding (desirable) outcome is likely to be repeated. The behavior is likely to increase in frequency. (2) Any behavior that is not followed by a reward will tend not to be repeated. The behavior is likely to decrease in frequency (p. 15).

The role of the teacher is that of the learning expert who concentrates on appropriate learning tasks and meaningful rewards that can be used in the classroom. A classroom environment is established wherein the child knows exactly what is expected of him or her. Appropriate social

as well as academic tasks are selected and presented in a logical, planned sequence. Adaptive behaviors are reinforced, while maladaptive behaviors are ignored or extinguished, but not punished.

The psychoeducational model recognizes the need for psychotherapeutic goals to deal with underlying pathology (causes or etiologies), but balances these needs with academic and behavioral goals which necessitate modifying inappropriate surface behaviors (effects or symptoms). Instruction is individualized with particular emphasis on projects of interest to the student, but not to the neglect of academic achievement in the regular curricular areas. The student's gaining insight into the handicapping condition is encouraged, however, the demands of classroom management often require behavioral interventions in conjunction with the development of a helping relationship.

The humanistic model grew out of the theories of Abraham Maslow and Carl Rogers which maintain that children become disturbed when they are out of touch with their own feelings. This non-directive approach claims that an individual can achieve adequate solutions to problems when given the opportunity within a permissive environment. Thus, the curriculum should be planned in accordance with the child's interests. The teacher should not command the child and should also avoid punitive responses for the child's deviant behavior. The teacher plays the role of "teacher-therapist", with the therapist role used mainly during play therapy with the child. The relationship between the teacher and child should enhance feelings of acceptance and worth so that the child will feel free to express his or her emotions through play.

The sociological approach deals with the emotionally handicapped child in relation to the surrounding social forces in the child's life. From a sociological viewpoint, deviance includes violating the rules society has established. Hence the emotionally handicapped child is labeled according to the types of societal rules he or she violates and the conditions under which they are violated. This approach helps one to understand how the child is operating, but offers little information for the development of teaching strategies.

The ecological approach is somewhat like the sociological in that it examines all the social forces that influence the child. However, it attempts to go much further, dealing with all facets of the environment with which the child is in contact. The "whole child approach" examines the youngster's behaviors in order to discover what may be reinforcing them.

The biophysical approach asserts that the behavior of the emotionally handicapped child has many of the same characteristics as physical illness. Thus, one must first determine the organic problem; then treat it medicinally until the disease is cured. Although this approach is effective with children whose problems are organically-based, it is difficult to translate its postulates into workable teaching methods.

Combining approaches (eclecticism) may, in fact, be the most common perspective among teachers. It may be that no single one of the above approaches

is the best approach for each student, and the consensus of 7 out of 8 special educators in Hawaii indicates that the most effective approach may differ from one student to the next, and for some students, differing combinations of the above may be most productive (Survey conducted at Department of Education Workshop, 1980). Other variables affecting the choice of treatment approach include teacher personality, and the availability of resources. Regardless of the approach, research has shown that consistency, structure, and predictability are crucial factors in any successful plan for educating the emotionally handicapped.

IMPLICATIONS OF COMPOUNDING EXCEPTIONALITIES

The above section focused on children whose primary handicapped condition is emotional. However, there are some children in other recognized categories of exceptionality who display secondary emotional handicaps along with their primary handicapping conditions. Such combinations usually result in problematic social adjustment patterns in the school, home and community.

In recent years, increasing attention has been given to the relationship between specific learning disabilities and emotional handicaps. Indeed, it has been hypothesized that many students whose primary difficulties in school are ostensibly emotional in nature are, in fact, learning disabled youngsters who have not been identified early enough in school to forestall frustrations in the classroom which lead to acting-out or severe withdrawal. Whatever the case, it is important that those who work with emotionally handicapped students be attuned to individual programming needs which indicate a severe learning problem in a particular area. Remedial programming which addresses a specific learning disability should be reflected in the Individualized Education Program Plan when such a condition has been documented.

THE EMOTIONALLY HANDICAPPED STUDENT IN VARIOUS SETTINGS

Educational programs for handicapped children must be designed to meet the educational needs of the individual student irrespective of the assigned disability category. For example, students with learning disability may be served in the same class as those who have been identified emotionally handicapped as long as the identified needs programmed into their Individualized Education Programs (IEPs) can be effectively met in the same setting. Conversely, the emotionally handicapped can be served in special classes comprised primarily of learning disabled youngsters. The Education for All Handicapped Children Act (P.L. 94-142) mandates the non-categorical placement of identified handicapped students.

It is important that all individuals working with the emotionally handicapped child establish "ground rules" from the beginning that will determine what services each will provide for the child. A high degree of cooperation is imperative in the successful implementation of the IEP.

Home and Family

In most instances, the emotionally handicapped child spends the greatest amount of time with the family in the home setting. Very often the family will need assistance in learning to deal with a child's behavior, and if these services are delivered through a private agency, the family may have to pay for them or family medical insurance may assist in defraying these costs. The Division of Mental Health also provides mental health services to parents on a sliding payment scale.

The child's special education teacher should be a source of help to the family. For example, if a specific desirable behavior is being reinforced during the school day, a plan to reinforce this behavior at home can also be developed. Parents should feel free to contact other school personnel for assistance; school social workers, guidance counselors, principals, school psychologists, and educational specialists are other other valuable resources to families of handicapped youngsters.

Parents of emotionally handicapped children are often concerned about how their children's conditions reflect upon them. Professional guidance is a valuable resource in dealing with these feelings and supporting the family system. Parental acceptance of an emotional handicap is imperative to the well-being of the student and family.

The family's support of the school's efforts is also essential to successful intervention efforts. "If only I could get some cooperation from the home" is an expression of frustration heard frequently in schools. The family is perhaps the greatest resource available to the school, and the school may be the most important resource for the family. Mutual understanding, frequent communication, and cooperation between the home and school is most beneficial for the emotionally handicapped child.

In the "References" section of this document are a number of resources and guides for the parents of emotionally handicapped children which may assist them in understanding their children and coping effectively with maladaptive behavior. One of the roles of special education is parent training and the sharing of resources is an appropriate starting point.

The School

The school provides the most complicated peer social setting for the emotionally handicapped child. When the child learns to interact appropriately with others in this environment, significant advancements are made in the child's efforts to become an adjusted member of society.

The school is often the first place outside the home where a child can experience success. If the school can teach the emotionally handicapped child skills and adaptive behaviors to succeed in the educational setting, these skills can be transferred to other settings.

The Community

The community may also become involved in the total program for the emotionally handicapped child. Most often this is accomplished by providing ancillary services to the homes and school, including psychiatric services, medical services, mental health and guidance clinics, and vocational placement.

Acceptance by the community is vital to the child's development. With this in mind, local media can facilitate community acceptance by publicizing the accomplishments of these students.

The Nation

Nationwide efforts on behalf of the emotionally handicapped child have evolved from various national organizations as well as from federal legislation. Many organizations have developed policy statements promoting trends in the education of these children. For example, the provision of education for all handicapped children in the least restrictive environment was adopted by federal legislators and mandated by "The Education for All Handicapped Children Act" (P.L. 94-142, 1975). This act provides supplemental funds for the education of handicapped children throughout the country, and to date, it has been the greatest single educational reform in history.

CURRENT TRENDS

Least Restrictive Environment

Mainstreaming is only one aspect of what is termed in the Education for All Handicapped Children Act as "least restrictive environment". This ensures that each state provides handicapped children an education with nonhandicapped children to the maximum extent appropriate. A continuum of alternative educational placements, therefore, must be available to accommodate children with various degrees of handicapping conditions. Within this continuum, mainstreaming (the planned placement of handicapped children with nonhandicapped children taught by a regular educator) is an integral part.

Successful mainstreaming of emotionally handicapped children depends on the cooperative planning of regular and special education teachers, parents, administrators, and when appropriate, the child. It is essential that continuous dialogue be maintained by all parties involved throughout the school year.

Cognitive Behavior Modification

Cognitive behavior modification is a relatively recent development in the

education of the emotionally handicapped. This refinement in treatment techniques deals with altering overt behaviors. Mahoney (1975) maintains that "private events" such as thoughts, feelings, and memories lend themselves to conditioning which results in increased self-control. Cognitive rehearsal and self-instruction are techniques which place behavior management in the hands of the students themselves rather than in the hands of an external agent.

Lovitt and Curtis (1968) and Parsons (1972) outline some practical applications of self-instructional methods which have been demonstrated to produce positive results in reducing impulsivity and increasing accuracy. Having children instruct themselves to slow down and reflect on a response before responding has been shown to significantly reduce impulsive errors on experimental tasks (Meichenbaum and Goodman, 1969, 1971; Palkes et al., 1968, 1971).

Educational Structure

Special education teachers are learning and behavior specialists rather than therapists or clinicians. They view the emotionally handicapped child primarily as a learner, hence the trend towards diagnosis and prescription in educational terms, rather than in clinical terms. Treatment is carried out with emphasis on the educational implications of handicapping conditions, and special educators focus on the following elements when planning educational programs:

- Physical arrangement of the classroom (minimizing distractions, promoting interaction)
- Classroom climate (structured versus permissive)
- Grouping (self-contained, resource, or regular class)
- Curriculum (academic, vocational, affective)
- Instruction and classroom management (individualized versus group-based)
- Related Services (Occupational Therapy/Physical Therapy, Mental Health Services, Speech Therapy, etc.)

The IEP conference for planning programs for handicapped students is most helpful in coordinating efforts between the school and home. An integrated approach helps alleviate learning and behavior problems, since parents can implement the same learning and management techniques in the home setting that are used in school.

Neutralization

A preventive technique which can deflate potential problem situations in the classroom involves neutralizing the conditions which can precipitate disruptive behavior.

Redl and Wineman (1957) proposed the following techniques for managing surface behavior:

1. *Planned ignoring.* This technique is useful when the teacher recognizes that the behavior is being used by the child for its "goating" value and will gradually dissipate if left unchallenged. This technique is appropriate for potentially dangerous or disruptive behaviors or for children who lack the self-control to calm down.

2. *Signal interference.* The teacher signals to the child by waving a finger or a slight frown, when trouble is developing. For children who do not think of the consequences of their behavior, signals can be helpful in getting them to think before they act.

3. *Proximity and touch control.* Standing near a child, pointing to a place on the book, putting a hand on the child's shoulder--all are means of calming the child and of reminding her that the adult cares.

4. *Involvement in interest relationships.* Engaging a child in a discussion about a topic of interest helps to subvert boredom and revitalize positive energies.

5. *Hypodermic affection.* Especially younger and more disturbed children need frequent demonstrations that the teacher cares. By providing such attention the teacher can help a child who is wavering on the brink of becoming disruptive retain control.

6. *Tension decontamination through humor.* Skillful kidding can be helpful in diverting problems and in allowing the child a face-saving out when tension is building.

7. *Hurdle Help.* Providing immediate, on-the-spot assistance to a child in whom tension is building can help her cope with the frustration of the task at hand. For example, when a teacher sees that a child who has little tolerance for frustration is having trouble with some arithmetic problems, the teacher may decide to assist the child rather than risk the child losing control.

8. *Interpretation as interference.* The teacher can help the child understand the meaning of a situation which she has misinterpreted. He can talk with the child about why the teacher acted as he did and why the child behaved as she did.

9. *Regrouping.* Making temporary changes in a group can reduce friction among the members.

10. *Restructuring.* At times the teacher can choose to abandon an activity, no matter how appealing he may think it is when it is not being well-received by the group.

11. *Direct appeal.* Sometimes an honest appeal, "Hey, I'm really tired. Please cooperate!" is sufficient in stopping problem behavior, particularly when the children like the adult.

12. *Limiting space and tools.* When the teacher perceives that something has excessive seductive value for children, it is better to limit it rather than let the children walk into a situation that the teacher believes the children cannot handle.

13. *Antiseptic bouncing.* If a child has reached a state where less intrusive techniques are not working, simply removing her from the group for a few minutes may help her get control. If the child has the control and the self-awareness to realize that unless she gets away from the class she will lose control, the child can remove herself from the situation in order to cool off.

Life Space Interview

This technique is one that can easily be conducted in the classroom, and when necessary, right "on the spot". Using events as they happen to help a child gain insight into a problem and learn new ways of coping is referred to by Redl (1965) as "clinical exploitation of life events". By helping a child become aware of how he distorts a certain social situation may result in new problem-solving skills and improved attitudes. Gaining insight into a problem and its solution results in increased self-control. Providing support to a child who feels intensely frustrated or overwhelmed is an example of "emotional first-aid". However, many factors should be considered before undertaking this procedure, e.g., appropriate setting, timing, student's receptivity, teacher's frame of mind, etc. It is suggested that teachers become familiar with this technique prior to implementation.

Teacher Effectiveness Training

Gordon (1975) outlines his "No-Lose Method" of working through conflicts from beginning to end. This involves (a) defining the problem, (b) generating possible solutions, (c) evaluating the solutions, (d) deciding which solution is best, (e) determining how to implement the decision, and (f) assessing how well the solution solved the problem. The main focus of this approach is the relationship with the student and the development of good communication skills. He maintains that there are 12 roadblocks to effective two-way communication which make it impossible to help students with their problems. He refers to these as the "Dirty Dozen":

1. Ordering, commanding, directing. Example: "You stop complaining and get your work done.

2. Warning, threatening. Example: "You'd better get on the ball if you expect to get a good grade in this class."

3. Moralizing, preaching, giving "shoulds" and "oughts." Example: "You know it's your job to study when you come to school. You should leave your personal problems at home where they belong."

4. Advising, offering solutions or suggestions. Example: "The thing for you to do is to work out a better time schedule. Then you'll be able to get all your work done."

5. Teaching, lecturing, giving logical arguments. Example: "Let's look at the facts. You better remember these are only 34 more days of school to complete that assignment."

6. Judging, criticizing, disagreeing, blaming. Example: "You're just plain lazy or you're a big procrastinator."

7. Name-calling, stereotyping, labeling. Example: "You're acting like a fourth grader, not like someone almost ready for high school."

8. Interpreting, analyzing, diagnosing. Example: "You're just trying to get out of doing that assignment."

9. Praising, agreeing, giving positive evaluations. Example: "You're really a very competent young man. I'm sure you'll figure how to get it done somehow."

10. Reassuring, sympathizing, consoling, supporting. Example: "You're not the only one who ever felt that way about tough assignments, too. Besides, it won't seem hard when you get into it."

11. Questioning, probing, interrogating, cross-examination. Examples: "Do you think the assignment was too hard?" "How much time did you spend on it?" "Why did you wait so long to ask for help?" "How many hours have you put in on it?"

12. Withdrawing, distracting, being sarcastic, humoring, diverting. Examples: "Come on, let's talk about something more pleasant." "Now isn't the time." "Let's get back to our lesson." "Seems like someone got up on the wrong side of the bed this morning." (pp. 48-49).

Effective communication, on the other hand, entails active listening (decoding the student's message and providing feedback) and the use of "I messages" (for example, "It upsets me when I am interrupted unnecessarily").

"I messages" convey the important content of who owns the problem. These messages have three components: a description of what is causing the problem, a description of the tangible effect of the behavior and identification of the resultant feelings. These communication skills help keep the responsibility for the problem where it belongs, and, by not accusing the child, it prevents the child from becoming defensive. This

significantly enhances rational discussion and elicits a student's verbalizing her own feelings. This method of communication is very much in line with Morse's (1980) recommendation that teachers not counterattack defenses.

Natural and Logical Consequences

Dreikurs (1968) outlined techniques which allow the child to experience the actual results of his own behavior. Natural consequences are the direct results of a child's own behavior, e.g., child is careless, falls down, and skins her knees. Of course, intervention to prevent certain "natural consequences" are necessary when a youngster places herself in danger, e.g., playing in the street.

Logical consequences are imposed by authorities as a result of some transgression, e.g., a child who is late for dinner has his plate removed from the table based on the logic that the child was not hungry enough to come home when dinner was served. Parents and teachers can therefore maintain a friendly attitude toward the child without scolding or punishing. The child is allowed to experience the consequences of his own actions and becomes motivated to adhere to the social order through his own personal experiences.

Stress Management and Relaxation Training

Based on the assumption that children's emotional problems are based upon maladaptive coping with stress, Schultz (1980) proposes the programming of stress management skills for both preventative and restorative reasons. Relaxation is an opposing inner response to anxiety which can be taught in the classroom though positive memory recall, guided imagery experiences, fantasy exploration, thought/feeling watching and sharing, role-playing affective states, or the "turtle technique" (Schneider, 1974).

Those individuals who have learned the relaxation response have demonstrated consistently higher levels of academic achievement and fine motor skill than they previously exhibited. Evidence strongly suggests that improved self-confidence and social skills, increased memory, attention span, and creativity are highly correlated with the ability to relax. Special education teachers may benefit from these techniques as much as their students.

Time-In Counseling

Developed as a positive alternative to "time-out from reinforcement" procedures which physically isolate a disruptive student, the basic concept of time-in counseling was borrowed from the Pinellas County, Florida, Positive Alternatives to School Suspension (PASS) System (Palmer and Quick, 1981).

Time-in is used when the opportunity to earn points for appropriate on-task behavior have failed to elicit the desired behavior from a student and continued disruptiveness interferes with the teaching-learning process. Time-in counseling is offered in an area separated from the main activities of the class, and students are encouraged to send themselves voluntarily in an effort towards self-control.

The "time-in counselor" (e.g., an aide, volunteer student leaders, school counselor) provides the student with time to ventilate feelings and listens to his side of the story, and provides him reflective feedback. The "time-in counselor" also explores alternative solutions with the student, encouraging communication skills, and helps the student determine what behaviors to try upon his return to class. Frequent communication between the "time-in counselor" and the classroom teacher is an important key to success in such a program.

Fair Fight

Palmer and Quick (1981) developed another technique to use when youngsters reach an impasse in their conflicts with one another which, if unresolved, will rapidly escalate to a physical exchange of blows. The "fair fight" technique is used whenever a conflict involving two students occurs that requires some form of intervention. The two students in conflict are removed from the classroom setting and mediation takes places in a neutral territory.

Although the "fair fight" procedure requires two trained adults who can be available upon demand, its documented success justifies their attention. Possibly two mature, unbiased students may also serve as "fair fight counselors". This procedure is effective as:

1) a necessary intervention to prevent physical injury;

2) an opportunity for a youngster to express his feelings and point of view to an adult who actively listens, empathizes and becomes the student's advocate;

3) a modeling by adults of appropriate verbal skills in assertiveness, compromise and conflict resolutions; and

4) an opportunity to practice these skills in a controlled and supportive setting.

The two youngsters are interviewed separately and privately by each "fair fight counselor" who then becomes a stand-in for the student during the first part of the session. The four participants meet and the "fair fight counselors" in effect become the two antagonists and articulate their grievances. During this part of the session, the two youngsters are not permitted to talk, but may tap the "fair fight counselor" on the shoulder if he makes a statement that is incorrect, and the two may leave the room to discuss the correction.

Both adults model the skills necessary for resolving the conflict by providing compromises and modifying these until both sides are satisfied. When agreement is reached, the two youngsters are then encouraged to speak to each other, suggesting further additions to the agreement that may be necessary and mutually agreeable.

Role Playing

Role playing can be an effective technique with some handicapped students which can help them to gain an objective viewpoint of their own behaviors. Some students can assume the role of those who adhere to behavioral expectations while others do not. The teacher may want to assume the role of a misbehaving student. Another student may assume the role of the teacher who must bring some order to this situation. Following the role play, a discussion of the behavioral dynamics of the group may provide some valuable insights into the necessity of classroom control for learning to take place, and the rights of students to learn without interruptions from other students not so motivated.

Peer Tutoring

Students who excel in certain subjects may be productively used to provide extra individualized instruction to other students who may benefit from such an arrangement. Not only does the student tutored benefit from the extra attention, but the tutoring student also may gain in self-esteem and from insight into the learning process as a result of this role reversal. A very productive climate of cooperation may be fostered in the classroom by having students help one another appropriately.

Behavioral Contracting

This is a "quid pro quo" (this for that) arrangement that is mutually agreeable to the student and teacher wherein the student receives a particular reward for a targeted positive behavior. This method is based upon "Grandma's Law" which states: "First you clean up your plate, then you may have your dessert". It is recommended that the contract be written down on paper or a form, specifying the positive behavior(s) and the reward(s) negotiated, and signed by both student and teacher (see example in References Section).

Affective Education

Emotionally handicapped students are obviously the highest risk population for affective difficulties, but all students can benefit from this curriculum. Indeed, many educators believe that the affective domain should receive as much emphasis as the cognitive and motor domains (Weinstein, Fantini, 1970; Dupont, 1978; Kohlber, 1976). It could also be argued that, for the emotionally handicapped student, the affective

curriculum should be the primary focus of remedial programming. Certainly, the need for development of self-concept and self-esteem constitutes a common denominator for most handicapped youngsters.

Programming for the development of morals, values, self-control, new interests, attitudes, and appreciations can significantly enhance student achievement in the cognitive domain. In spite of the problems that special students experience in the cognitive domain, the above are areas in which they can and often do excel. Effective delivery of this curriculum can also cement the teacher-student relationship in that these experiences provide opportunities for self-disclosure during which teacher and student can discover much about each other (Simon, O'Rourke, 1977).

Much of the affective curriculum can deal with the day-to-day decisions in the here-and-now which we all must make. The relevance of the content to current situations which students face enhances involvement and the likelihood that more adaptive decisions will result. As society grows increasingly complex and students increasingly sophisticated, the need for morals and values clarification in the schools increases. Social problem-solving skills require development to the same extent as the decisions that students must make become more ambiguous.

IMPLICATIONS OF THE STATE PLAN

Definition of "emotionally handicapped student"

Although the State Plan for Special Education and Special Services (1975) and the Multi-Year Program and Financial Plan for Special Education and Services, 1981-87 (1981) refer to those eligible for special education due to emotional problems as "seriously emotionally disturbed", the disability category assigned to this population shall be "emotionally handicapped" as of the time of this document's publication (1982). Although autistic children were considered "seriously emotionally disturbed", they are not considered "emotionally handicapped" (see Addendum to "Programs and Services for the Orthopedically Handicapped and Other Health Impaired").

Emotionally handicapped students chronically present behaviors which deviate significantly from the norm in one or more of the following: frequency, intensity, duration, context, chronicity, and quantity. Other general characteristics which adversely affect educational performance include:

- An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- An inability to develop or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;

- A general pervasive mood of unhappiness or depression;
- A tendency to develop physical symptoms or fears associated with personal or school problems;
- A variety of excessive behaviors, ranging from hyperactive and aggressive responses to severe depression and withdrawal.

Although a "conduct disordered" student may be emotionally handicapped many of these students may more appropriately be identified as "alienated" or "severely alienated". Some students may be characterized as both alienated and handicapped in that these conditions are not mutually exclusive. It is recognized that alienated students have special instructional needs and eligibility for compensatory education in the Comprehensive School Alienation Program may be indicated, rather than special education for a handicapping condition. Still, a student may participate in both programs should the need for such programming be indicated.

The State Plan identifies "alienated" students in Hawaii schools as those who meet the following criteria for eligibility for the Comprehensive School Alienation Program (CSAP):

- Twenty or more unexcused absences.
- Academic failure in two or more subjects.
- Three or more disciplinary referrals.
- Excessive class cuts.

Students are considered "severely alienated" when all the foregoing criteria are manifested as well as extremely disruptive behavior "detrimental to self, peers, and to the school" (Program Plan for Alienated Students, 1981, p. I-2). These factors alone are not descriptive of a handicapping condition. Students presenting only these behaviors for whom all school-level resources have been exhausted might more appropriately be referred to Compensatory Education, rather than for diagnostic evaluation for determining the existence of handicaps.

Discussion

The behaviors of the emotionally handicapped student may not differ markedly from that of the "normal" population in kind, but rather in degree. All people present behaviors, at one time or another, that could be considered very withdrawn or very aggressive. Simeon (1978) poignantly describes how such conditions become chronic for some students.

> Everyone gets anxious at one time or another -- children are no exception. Children are bombarded daily with many stresses from the environment in the form of frustration,

> change, competition, loss of a love object, unmet needs, loss of self-esteem or unmet expectations. When they feel threatened they experience an initial fleeting sense of helplessness and insecurity which accompanies anxiety. Anxiety and helplessness heighten each other cyclically, draining emotional energy in the process. Since human beings can not tolerate anxiety for prolonged period of time, they learn early in life to organize their lives to avoid it or at least to keep it down to a tolerable level. ...When a child does not cope effectively, he (or she) internalizes blame which then becomes the basis for a poor self-concept. Identified emotional problems in children represent maladaptive coping (pp. 221-222).

A lowered self-concept is usually accompanied by a decrease in self-control. The student's lack of self-control is generally what creates the most salient problem in the regular educational setting. It is the special educator's task to help students regain this control by building up the student's confidence to succeed with relevant curricula geared to the individual student's own abilities and interests in a consistently structured setting. The value of the structured approach to special programming has been impressively affirmed by research in special education. Inconsistencies in the classroom setting have been shown to foster inappropriate behaviors, whereas consistent limits and expectations, in combination with frequent positive feedback, reduce the opportunities for behaviors which impede the learning process.

However, since the goals for most emotionally handicapped students are for them to gain increased control over their behaviors, a structured approach must not preclude the degree of permissiveness necessary for the students to exert control over their own behaviors, rather than being controlled externally by the structure. A classroom structure must also be flexible enough to change as students grow. The most effective balance of structure and permissiveness may vary from one student to the next, and the balance may vary for the same student from time to time. Again, individualization is the central concept in special education.

Appropriate Delivery System

The State of Hawaii Department of Education offers the following basic program delivery services to accommodate individual educational needs of emotionally handicapped children:

- Identification
- Comprehensive Evaluation
- Individualized Education Program
- Continuum of educational arrangements

Identification: The DOE annually conducts Operation Search, a concentrated weeklong campaign to raise community awareness of the need to locate and serve all handicapped children. Posters are placed in the community; radio, and television advertisements are provided, and newspaper ads are run urging people to report all children suspected as being handicapped. However, throughout the year childfind activities are conducted by the schools, which are the most important resources in the identification and referral of children suspected as handicapped. For the emotionally handicapped, the Department of Health/Division of Mental Health, Department of Social Services and Housing, private psychologists, psychiatrists, physicians, and parents are vital resources for locating children suspected to be in need of special instructional services.

Evaluation: Every child suspected as handicapped must be provided a comprehensive evaluation by a multi-disciplinary team. This evaluation must be the least biased assessment possible and evaluation instruments must be used for the purposes for which they were designed, and administered by appropriately trained personnel.

Program: Each child found eligible for special education on the basis of the evaluation data must have an individualized education program (IEP) which meets the needs of the child. This IEP is developed jointly by the principal or principal designee, the parent, the child's teacher, the child (when appropriate), and others at the request of either the parents or department. The IEP addresses all areas of education which will be provided through special education and related services, including the social/emotional area.

Placement: After the IEP is developed, the child is placed where the program can be implemented in the least restrictive environment and as close to home as possible. The amount of time to be spent in the special educational arrangement (e.g., Itinerant Services, Resource Services, Integrated Self-contained, Full-time Self-contained) is identified, and the areas (academic/nonacademic) in which the child will be mainstreamed (educated with the non-handicapped) is indicated when appropriate.

Career and Vocational Education

Career and vocational education are considered essential curricula for emotionally handicapped students and may be included in IEPs. These curricula are crucial in demonstrating the relevance of a student's curriculum to vocational or career goals, or in the establishment of these goals. The setting of goals and orientation to the future can instill meaning and value to a course of study which might otherwise be ignored. Increasing involvement in the curriculum means decreasing problem behaviors in school. The Foundation Guidance Program Guide, Hawaii Career Development Continuum, K-12, and the Foundation Program: Career Education and Guidance are superb resources available to every special education teacher in Hawaii (see resource supplement).

The Occupational Skills Program and the Special Education-Vocational Rehabilitation Work-Study Program are specially designed vocational programs for the handicapped at the secondary level throughout the State. The above resources should be considered in the educational planning of all handicapped students.

NATURE AND NEEDS OF THE EMOTIONALLY HANDICAPPED

GROWTH AND DEVELOPMENT

The physical growth of the emotionally handicapped parallels the physical growth of normal children. In the affective area however, the student who presents immature behaviors exhibits delayed emotional development. Reactive disorders may also affect emotional development.

LEARNING CHARACTERISTICS

The emotionally handicapped category represents a heterogeneous population of children displaying aggressive, withdrawn, and other maladaptive behavior patterns that interfere with individual and group learning. Screening teams may find this list helpful in identifying students suspected of being emotionally handicapped. At any age/grade level, aggressive patterns of emotionally handicapped children include one or more of the following behaviors:

- Resistant to following adult direction
- Demanding excessive attention by adults
- Resistant to adult discipline
- Resistant to following routines
- Resistant to adapting to structure
- Overreactive in individual and group activities
- Disrupting group activities
- Easily frustrated with preacademic tasks
- Easily distractible
- Short attention span
- Resistant to starting educational tasks
- Resistant to completing educational tasks
- Resistant to correction of assignments
- Hostile toward adults and/or peers

Withdrawn emotionally handicapped children tend to display one or more of the following characteristics:

- Inattentive to adults and/or peers
- Inattentive to learning tasks
- Engaging in excessive fantasy and daydreaming
- Unresponsive to adults and/or peers
- Unresponsive to academic tasks
- Unresponsive to oral and/or written directions
- Unresponsive to group activities
- Unresponsive to routines
- Unresponsive to adapting to structure
- Unresponsive to starting educational tasks
- Unresponsive to completing educational tasks
- Unresponsive to correction of assignments

PSYCHOLOGICAL, EMOTIONAL, AND SOCIAL CHARACTERISTICS

The social, psychological and emotional characteristics of emotionally handicapped children may be demonstrated by reactive disorders and delayed emotional development. Reactive disorders refer to undifferentiated socially aggressive behavior patterns. Delayed emotional development refers to withdrawn or introverted behavior patterns. Aggressive and withdrawn behavior characteristics observed by Peterson (1968); Quay, Morse and Cutler (1968); and Swan and Wood (1975) describe the emotionally handicapped children with reactive disorders and delayed emotional development.

Reactive disorders are characterized by one or more of the following behaviors:

- Disruptiveness
- Defiance
- Distractibility
- Frequent temper tantrums
- Destructiveness
- Demanding excessive attention
- Hyperactivity
- Physical aggressiveness
- Impulsiveness
- Irresponsibility

Delayed emotional development is characterized by one or more of the following behavioral characteristics:

- Feeling of inferiority
- Social withdrawal
- Shyness
- Anxiety
- Lethargy
- Depression
- Aloofness
- Daydreaming
- Lack of interest in environment
- Nervousness

To plan an educational program for the emotionally handicapped student, it is more useful to describe actual behaviors which impede learning in the context of the school, rather than relying on the general characteristics described above. Another important consideration is that good judgment must be exercised in distinguishing deviant behaviors from those which are frequently exhibited by certain cultures.

By reviewing the student's growth and development, learning style, psychological, emotional, and social characteristics, the special teacher becomes familiar with that student's unique needs. Awareness of the particular stage of development of the emotionally handicapped student also facilitates appropriate educational planning. Other common characteristics are presented here.

- Emotionally handicapped students may not trust others. This lack of trust may result in aggression or withdrawal. By providing an accepting, secure classroom climate, the student will slowly gain confidence and trust in the learning setting.

- Emotionally handicapped students may not have been successful. The task of the teacher is to ensure the student's success from the first encounter by assigning relevant, interesting tasks well within the range of the student's abilities.

- Emotionally handicapped students may behave in an erratic manner. The task for the teacher is to establish a climate of safety, predictability and consistency within the environment so that expectations and consequences are clearly understood. The student should have a regularly assigned spot within the classroom, and spaces for group work should be available.

- For students at early stages of development, the teacher should uncritically accept initial appropriate responses. As the student becomes comfortable in the classroom environment and appropriate behaviors increase, the teacher may require more finished products and adaptive classroom behavior.

- The emotionally handicapped student is taught the importance of learning to work and play with others appropriately. Positive group interaction should be encouraged to whatever extent the class is able to work together productively.

- External motivation to achieve in school should be gradually reduced once the student gains a sense of accomplishment from finished products so that learning becomes increasingly its own reward.

The approach presented in this document involves several theoretical approaches to the education of emotionally handicapped students predicated on the following principles:

- When disturbances occur, they are usually results of conflicts between the individual and the environment.

- The classroom structure should be designed to minimize opportunities for student's disruptive or disturbed behaviors.

- Although a wide range of behaviors will be displayed in the classroom, it is not necessary to provide a different environment for each child; the same physical environment can be developed to cope with a wide range of behavior when individualized programming is effectively implemented.

- A variety of adult and peer models should be made available to emotionally handicapped students to maximize opportunities for identification with appropriate behaviors.

- Teachers should set realistic goals with their students and accept ultimate responsibility for their achievement.

- Teachers of the emotionally handicapped should conduct an ongoing critical evaluation of their own effectiveness and seek out available resources to resolve chronic problem behaviors as well as to increase overall effectiveness.

- Adaptation of curriculum content in alignment with student's interests and abilities is a prerequisite to academic achievement.

- Achievement often precedes adjustment; increasing academic success often decreases problematic behaviors in the classroom.

- Immediate reinforcement of positive behaviors is crucial to the establishment of an adaptive behavior repertoire.

- Teachers should implement affective strategies to reduce the stigmatizing effects of the handicap on the self-concepts of their students.

- Teachers should analyze the events which precede disruptive behaviors in order to minimize those occasions which elicit acting out.

- Teachers should analyze the events which follow disruptive behaviors in order to minimize those events which reinforce disturbances.

- Teachers cannot effectively intervene in every disturbed behavior; some behaviors must purposely be ignored.

- Teachers should emphasize the positive rather than the negative in their rules; it is better to tell a child what to do, than what not to do.

- It is more effective to reward desirable behaviors, than to punish the undesirable. Negative reinforcement is not punishment. Students do not respond well to teachers' threats, but they do respond very well to frequent positive feedback, even about little things.

- Consistency and predictability in the classroom does not preclude novelty; if curriculum is not fresh, nor exciting, boredom will result which fosters disruptive or disturbed behaviors.

- Students should be trusted as much as possible. When teachers do not witness disruptive incidents, they should handle all parties alike, rather than assuming one is to blame more than another.

- Teachers should strive to coordinate their efforts as much as possible with the families of their students. Having common goals for adaptive behavior in school and in the home greatly enhances the likelihood of achievement.

- The best approaches to behavior management are prevention and neutralization.

- A continuum of consequences well-known to the students is most helpful in the management of behaviors in the classroom.

- Teachers should carefully consider their reasons for choosing various interventions.

- Guidelines for the use of "physical restraint" and "punishment" (p. EH 46) should always be adhered to by teachers who must resort to these methods.

- Both verbal processing and behavioral contingencies are effective interventions that can be used in the same classroom, even though they stem from different philosophical perspectives.

- A good relationship between teachers and students is the foundation upon which effective programming is based; emotionally handicapped students need to know that their teachers care about them.

SUMMARY AND CONCLUSIONS

Emotionally handicapped students present essentially similar learning characteristics as non-handicapped students and their abilities far outnumber their disabilities. However, the emotional conflict which they experience severely impedes their abilities to function totally in the mainstream of education. Special educators must strive to help these students deal with these conflicts so that they do not incapacitate the student in the school setting. In order to achieve this goal systematically, the behaviors indicative of emotional conflict are best described along these parameters so that the effects of various interventions can be measured directly:

- Frequency = the number of times the target behavior occurs per unit time, e.g., six times per hour;
- Intensity = the relative seriousness of the target behavior, the degree to which it disrupts the student's own learning and is resistant to change;
- Duration = the average length of time for which the target behavior persists, e.g., ten seconds, two minutes;
- Context = the setting in which the target behavior occurs inappropriately, i.e., target behaviors for the classroom may differ from those for the playground;
- Chronicity = the overall period of time during which the target behavior has been occurring regularly, e.g., ten months, two years;
- Quantity = the number of target behaviors pinpointed.

The emotionally handicapped student is one who chronically presents behaviors indicative of emotional conflict which can be measured directly along these dimensions. When the IEP conference participants develop coordinated, systematic interventions, favorable reductions in the above parameters are statistically evident.

IMPLEMENTATION GUIDELINES FOR THE EMOTIONALLY HANDICAPPED

CHILDFIND

Identification

Unlike many of the more handicapping conditions affecting school-age children, some emotionally handicapped students are more easily recognizable in school. Even in a class composed of children with various handicapping conditions, the acting-out student is more likely to be noticed first, whereas the withdrawn, anxious youngster may be more easily overlooked.

However, in identifying the emotionally handicapped, a distinction must be made between those students who present behavior problems from those who are emotionally handicapped. The emotionally handicapped student presents behavior problems, yet not all behaviorally disordered students are emotionally disabled to the extent that they are eligible for special education. For example, socially maladjusted students are not considered handicapped according to The Education for All Handicapped Children Act (P.L. 94-142). However, an alternative learning situation for alienated students may still meet their needs most appropriately.

Although alienation is not recognized as a handicapping condition, this condition might appear in the profile of a student identified as handicapped for other reasons. It refers to a deviant pattern of social interaction characterized by delinquent behaviors which may not be resolved adequately with the assistance of authority figures and which may interfere with the well-being or property of others. Although this condition requires special attention, it is not, by itself, considered symptomatic of an emotional handicap.

Another problem in identifying the emotionally handicapped population is the lack of a clear definition of mental health. Logically, the emotionally handicapped student would not exhibit some components of such a definition. Haring (1978) list some characteristics which describe some attributes of a mentally healthy child:

1. Maintains a realistic understanding of self and an acceptance of self as a worthwhile person (a positive self-concept);
2. Builds and maintains positive relationships with other people (interpersonal or social skill);
3. Perceives reality accurately, including setting goals which are attainable;
4. Organizes thoughts and actions appropriately;
5. Achieves academically at a level which is reasonable for the child's abilities; and/or
6. Generally acts the way a person the child's age and sex is supposed to act and is able to function independently (p. 126).

Conversely, the emotionally handicapped child might be described in the following way:

1. Possesses an unrealistic and/or negative self-concept;
2. Experiences serious interpersonal problems;
3. Distorts reality, including either unattainable or unrealistically low goals;
4. Is disorganized in thought and in attempts to carry out meaningful action;
5. Achieves academically below the level expected based on ability; and/or
6. Generally behaves inappropriately for his or her own age and sex and is excessively dependent on others (p. 126).

Obviously the above lists are rather subjective, many of the terms being hard to define precisely. Indeed, all children possess some of these characteristics from time to time. It is only when these effects are chronic and disrupt learning that they become educationally significant, a handicapping condition which requires special education. Those students under temporary stress who exhibit the above symptoms in response to some personal trauma, e.g., death of a parent, may require maximum intervention from school and community resources, but would not be eligible for special education.

The abused or neglected child is one who is considered at risk for an emotional handicap due to the stressful nature of the environment in which the child must live. One would not likely expect much to be gained in the classroom while such deleterious conditions exist in the home or vice versa. According to Hawaii Revised Statutes (Chapter 350: Child Abuse), abuse or neglect of a minor includes:

> ...Physical injury, psychological abuse and neglect, sexual abuse, negligent treatment or maltreatment of a child under 18 years of age under circumstances which indicate that the minor's health or welfare has been or is harmed or threatened thereby.

When an educator or other professional observes any of the above conditions, an oral report must be made immediately to Children's Protection Services (Oahu: 947-8511; Kauai: 245-4347, 244-4350; Molokai: 553-5349; Lanai: 565-6409; Maui: 244-4256; Hawaii: 961-7251). Chapter 350-3 states that those who must report include:

> ...any person licensed by the State to render services in... examining, attending, or treating a minor, or any registered nurse, school teacher, social worker, police officer,...having reason to believe that such minor has had injury inflicted upon him as a result of abuse or neglect by parents or those responsible for that child's care shall promptly report the matter orally to the department of social services...(which) shall be followed as soon thereafter as possible by a report in writing.

It also insures the informant "immunity from any liability, civil or criminal, that might be otherwise incurred or imposed by or as a result

of the making of such a report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report." However, it must also be noted that failure of any of the above parties to report such evidence is a misdemeanor. The State Attorney General's Office advises that "it is better to err on the side of concluding an abuse is present in the best interest of the child involved" as "the protection afforded...should obviate any fears of liability arising from any good faith action" (Memo to Superintendent, October 29, 1980).

Screening

The surveillance of the mental health status of the school population is equal in importance as knowledge about physical health and school achievement. Such information is critical for overall planning, early intervention and prevention. High incidence areas of emotional instability, as indicated by broad community and individual school surveys, provide a basis for intensification of both mental health services and plans for rectifying conditions which generate emotional problems for students.

While there is a natural screening process through teacher referrals, medical referrals, parents' requests and even requests from the students themselves, this process is haphazard and characteristic of the more extreme situations. The general reticence of the public concerning mental health matters makes it necessary to employ systematic approaches to screening in order to locate children whose difficulties may not be as salient as those whose overt behaviors naturally bring the attention of the school and community.

All schools should conduct periodic studies of student mental health status. In fact, the first registration interview when the child is enrolled in school affords an opportunity for initial screening for a handicap. While screening can be done by clinical personnel or with assessment instruments, these procedures may be more extensive than is necessary. Research has shown that teachers, when properly informed, provide good screening services. Using an open-ended format, they may be asked to indicate those pupils who deserve further attention because of the ways they are functioning in the school.

There are also formal rating checklists to assist teachers in systematic coverage of significant behavior areas (see "Screening Instruments" on page EH 106). The teachers are asked to indicate the severity of problems as they see them (mild, moderate, or severe) as well as information on students' functional levels. Care should be exercised to prevent referrals due to normal cultural differences which do not represent deviant behavior, and where there are disproportionate representations of ethnic populations, careful examination must be made in the context of these cultural differences. The effects of teacher bias, poor instruction, and frequent absenteeism must be considered as well.

Screening is the first stage in locating the population who may need some type of assistance, but it does not diagnose the cause nor nature of the learning problem. If the number of children suspected of being emotionally handicapped exceeds general expectations, the local ecological factors must be studied to determine whether the teachers in a given school are unusually sensitive to such matters. A disproportionately high number of referrals may also indicate that the school program itself is stressful and in need of modification.

The sources of referrals for the population to be evaluated diagnostically include the following:

- School-level screening committee
- Any other school personnel
- Parents' requests
- Student self-referrals
- Referrals from other personnel or agencies, e.g., Department of Health, Department of Social Services and Housing

Screening may identify students who are in a transitory stressful state, those who have minor, chronic mental health problems, as well as those who present major difficulties. A plan is formulated for those students who have less severe problems, who are designated as "children in need of special assistance." Though they are not eligible for special education services, other resources are utilized, including alienation program counselors, school counselors and school social workers, all of whom may play a vital role in helping these students who are not eligible for special education.

In order to distinguish those "children in need of special assistance" from those who are "suspected of being handicapped" and require a comprehensive diagnostic evaluation, the following procedures should be followed by the screening committee in each school:

1. The identification (pinpointing) of specific target behaviors which present learning and/or adjustment problems in the classroom and the measurement of target behaviors along these dimensions:
   a) Frequency = the number of time the target behavior occurs per unit time, e.g., six times per hour;
   b) Intensity = the relative seriousness of the target behavior, the degree to which it disrupts the student's own learning and is resistant to change;
   c) Duration = the average length of time for which the target behavior persists, e.g., ten seconds, two minutes;
   d) Context = the setting in which the target behavior occurs inappropriately, i.e., target behaviors for the classroom may differ from those for the playground;
   e) Chronicity = the overall period of time during which the target behavior has been occurring regularly, e.g., ten months, two years;
   f) Quantity = the number of target behaviors pinpointed.

2. The listing of all interventions undertaken in the school to stem target behaviors:
   a) parental involvement
   b) behavior modification strategies
   c) alternative instructional methods
   d) curricular adjustments
   e) school counselor services
   f) District services, e.g., school psychologist, resource teacher
   g) consultation with Division of Mental Health Children's Team

3. An accounting of the effects of the above interventions (#2) along the above dimensions (#1, a-f), e.g., "the frequency of out-of-seat behavior decreased 50% as a result of the parents' rewarding the child with extra time to watch TV for teacher reports of an increase in in-seat behavior."

4. Once all possible school level resources have been exhausted (#2) and there is evidence that these interventions have not been effective in significantly decreasing target behaviors (#3) in the regular setting, this child may be "suspected of being handicapped" and referral for comprehensive evaluation (Form 29/042) may be indicated. Attach #3 to referral

Referral

Once all possible resources to deal effectively with the student at the school level have been exhausted, a referral is made to the District Diagnostic Personnel. If the child is not in attendance in public school, the student is registered in the child's neighborhood public school and referred to the district for a comprehensive diagnostic evaluation. Referrals should include a description of the student's problems as well as interventions implemented at the school level to deal with the problems that the student presents.

APPRAISAL

The following assessments are included in the total comprehensive evaluation. All findings are reported for programming, administrative, and legal purposes.

Teacher evaluation. The regular classroom teacher can provide many insights into the educational difficulties of the referred child. Anecdotal records of classroom behavior might be included with an emphasis on the student's strengths and weaknesses. If there is a specific inappropriate behavior displayed by the child, a detailed observation record of that behavior may be incorporated as a portion of the evaluation. Representative examples of the student's school work may be included also.

Family History. The parent(s) or guardian(s) can provide important information about the child and may be requested to record specific behaviors which occur at home. Behavior checklists, developmental schedules, and other standardized instruments might also be completed by the parents as parts of the total evaluation. Also, an interview with the parents may disclose certain feelings about the student which, when understood, may bring about improved interactions in the home and emotional adjustment.

Intellectual Assessment. The psychometric assessment is an integral part part of the comprehensive evaluation. Although this evaluation takes a relatively short time, the psychometrician can observe many characteristics of the student's personality as well as learning style. The types of tests used in intellectual assessment often vary according to these characteristics, as well as the age of the student.

Academic Assessment. The academic assessment reveals the student's levels of functioning in a variety of academic areas, and often includes observations of the student in the regular educational setting. Data indicating student's interests are often discovered here.

Speech and Language Assessment. The speech and language assessment reveals the student's level of functioning in the areas of speech, language, and hearing. The relative integrity of these areas often points out areas in need of programming.

Clinical Evaluation of Mental Health Status. Clearly, some emotionally handicapped students may require only minimal special education assistance once their needs are met with mental health services, whereas others may benefit only from an intensive joint effort of mental health services and special education. Vital data in the determination of the most appropriate placement for each individual student may come from the clinical evaluation of mental health status. The diagnosis provided by this evaluation is an integral component in determining whether a student is eligible to receive special education services, although a positive diagnosis does not mandate special education eligibility, i.e., a child may have a mental disorder which does not require special education programming and placement. Recommendations for special education eligibility are made by District Diagnostic Teams on the basis of all available data on a child's ability to function in the school setting.

The clinical evaluation may be predicted upon observation of the identified student in a variety of naturalistic settings both in and out of the school environment, yet not to the exclusion of collecting extensive interview data concerning the student's own perceptions of the conditions and of possible resolutions.

Only those students who present chronic disturbances are identified as emotionally handicapped. Students with divergent lifestyles which do not interfere with or endanger others or themselves may not be eligible for special education. While some cutural subgroups may not adhere to certain specific instructional expectations, subcultural modes of adjustment do not in themselves constitute a threat to the individual or

others. The normal products of cultural pluralism may not be descriptors of emotional deviance.

However, this does not exclude those nonhandicapped students suffering from transient disorders from receiving crisis assistance and support to recover from what may be a normal circumstantial response to a personal trauma. Indeed, this temporary intervention is often a preventative measure to ensure that an acute situational disturbance does not result in a chronic handicapping condition.

Special education should also be given to pupils with emotional problems in combination with sensory, motor, intellectual limitations or cultural deprivation. Although a student may not be categorized as emotionally handicapped, adequate provisions should be made for the emotional problems of students with other handicapping conditions.

Eligibility Criteria

Eligibility for special education programming for an emotional handicap may only be recommended once the comprehensive evaluation has been completed. It is apparent that normal students and adults may present some of the following characteristics during periods of stress; the crucial factors which distinguish an emotional handicap, however, rest in the determination of whether these behaviors vary significantly from the norm in frequency, intensity, duration, context, chronicity, or quantity (see Page EH 31).

A checklist is included on page EH 141 of this document which may be helpful as a handy reference for screening committees and diagnostic teams in determining whether a student may be eligible for special education due to an emotional handicap. The following criteria must be met for such a recommendation to be made:

A. Inclusion Factors: In order for special education eligibility to be granted for an emotional handicap, a student must present all of the following.

   1. Evidence that, after all supportive educational assistance, counseling services, parent conferences, and curricular adjustments available in the regular setting have been exhausted, a student persists in exhibiting an emotional disorder which interferes with the student's own learning;

   2. Evidence that an emotional disorder exists, as documented by observation, interview, and evaluation by a state-certified or licensed psychologist, or a licensed physician;

   3. Evidence that an emotional disorder is chronic, i.e., it has persisted for approximately one year;

4. Evidence that an emotional disorder disrupts a student's own academic progress to a significant degree.

B. Exclusion Factors: The presence of any of the following factors excludes a student from special education eligibility for an emotional handicap:

1. Evidence that the student's learning problem can be attributed primarily to sensory or other health factors, e.g., autism, hearing impairment, chronic asthma;

2. Evidence that the student's learning problem can be attributed primarily to cultural differences;

3. Evidence that the student's learning problem can be attributed primarily to mental retardation;

4. Evidence that the student's learning problem can be attributed primarily to a specific learning disability;

5. Evidence that the student's learning problem can be attributed primarily to an alienated condition, rather than an emotional disorder (see State criteria for "alienated" and "severely alienated" on page EH 23).

C. General Characteristics: In order for special education eligibility to be granted for an emotional handicap, a student must chronically exhibit one or more of the following general characteristics:

1. An inability to learn that cannot be explained by intellectual, sensory, nor health factors;

2. Inappropriate types of behavior or feelings under normal circumstances;

3. A general mood of unhappiness or depression;

4. A tendency to develop physical symptoms, pain or fears associated with personal or school problems;

5. An inability to develop or maintain satisfactory interpersonal relationships with peers and teachers.

D. Specific Characteristics: In order for special education eligibility to be granted for an emotional handicap, a student must chronically exhibit one or more of the following specific characteristics:

1. Avoidance or Aggressiveness in play: stays away from other children, always plays alone, leaves a group a children when an activity is going on; bites, hits, bullies, fights, instigates fights, starts vicious rumors;

2. Avoidance of Adults: stays away from adults, does not like to come to adults for attention, reticent;

3. Stereotypy: exhibits repetitive movements or repeats words over and over, cannot stop activity, perseverative;

4. Ritualistic or Unusual Behaviors: has a fixed way of doing certain activities in ways not usually seen in other children; has an obsessive desire to maintain sameness, unduly upset if routine is changed;

5. Resistance to Discipline or Directions: impertinent, defiant, resentful, destructive or negative, does not accept directions or training, disagreeable, hard to manage, destroys materials or toys deliberately;

6. Inappropriate Conduct Behavior: lying, stealing, excessive profanity, masturbation, sex play, undressing, cruelty, running away;

7. Unusual Language Content: bizarre, strange, fearful content; excessive jargon, fantasy; very odd or different talk with others or in stories;

8. Physical Complaints: talks of being sick, hurt or tired; lacks energy; malingering;

9. Echolalia: repeats another person's words without intending for the words to mean anything; failure to use speech for purposes of communication;

10. Self-Injurious Behavior: physically hurts self, takes bizarre risks, dangerous play; self-derogatory (says negative things about self);

11. Hypersensitivity: moody, irritable, sad, temperamental, easily depressed, unhappy, shows extreme emotions and feelings, over-reacts;

12. Withdrawal: daydreams excessively, does not mingle freely with other children, submissive, obsequious, complies without much show of feeling (but may occasionally "blow-up"), excluded by other children; lacks friends, tends to be an "isolate", out of touch with reality;

13. Anxiety: wants constant reassurance, has nervous mannerisms fidgets, bites nails, chews pencils, etc,; never satisfied with own performance, tends not to finish tasks, compulsive, persistent, tends to over-study; preoccupied with disaster, accidents, death, disease, violence;

14. Self-Stimulation: persistent behaviors such as flicking fingers in front of eyes, shaking hands or head, rocking, twirling, etc,;

15. Attachment to Objects: extreme preoccupation with odd objects with no regard for their intended use;

16. Non-Responsive Behaviors: lacks eye contact, extreme aloofness, reticence, persistent tendency to turn away or look past other people, especially when spoken to;

17. Immature Behaviors: prefers only younger playmates, frequently cries, crawls around room, exhibits poor coordination;

18. Inappropriate Vocalizations: laughing, giggling, screaming, yelling, and crying for no apparent reason.

PROGRAMMING

Individualized Education Program (IEP)

Once the comprehensive evaluation has been completed, the diagnostic team meets in order to recommend the appropriate eligibility for the student evaluated on the basis of the data collected and interpreted. After the team agrees on a recommendation, the Diagnostic Summary and Recommended Services (DSRS) form is completed. This is a statement of the following:

a) Diagnostic Data/Functional Performance Level,
b) Areas Recommended for Special Education Services,
c) Recommended Related Services (when appropriate),

for the following categories:

I. Achievement Levels
II. Speech/Language Skills
III. Behavior Data
IV. Learning Style
V. Relevant Medical-Developmental Data
VI. Relevant Social-Family Information

Recommendations rendered here are wholly in response to the student's diagnostic profile which initially is the main contributor to the Individualized Education Program (IEP).

An IEP is a written statement of the student's annual goals and short-term instructional objectives based upon present levels of performance; program services and resources to be provided to meet the goals and objectives; dates for initiation and duration of program of services; criterion levels for the achievement of objectives; evaluation procedures; schedules for determining whether goals and objectives are achieved and extent of participation in regular education.

Parents and the student's themselves, when appropriate, are members of the IEP team along with the principal or appropriate designee, special education teacher, and others at the request of the parents or Department. Their input is crucial in the development of an appropriate plan based upon all assessed and stated needs. Meeting of the whole IEP team to evolve the plan ensures agreement, communication, and partnership between home and school.

In the development of the Individualized Education Program (IEP), it is necessary to determine each student's present levels of performance. On the basis of these levels, goals and objectives are developed at the IEP meeting which reflect the student's specially designed instruction in the academic areas as well as the social-emotional areas which require development for the emotionally handicapped student. In the implementation of the IEP, the teacher selects appropriate methods and materials for working with the individual student based upon the established goals and objectives. Continuous evaluation of the progress towards the goals is conducted throughout the year and a formal review, which is included on the IEP, is conducted at least annually (see Procedural Guidelines: Individualized Education Program Plan for Handicapped Students).

Procedures for attaining objectives are determined by pinpointing the classroom behaviors which impede learning and require modification as well as reinforcing those conducive to adaptation. A developmental sequence may be consulted in order to determine which behaviors shall become objectives in the program. The sequence of the objectives may be adapted either from programs that are already in existence or from previous IEPs.

Individualized instructional materials and methods are then prescribed on the basis of the objectives established. A precise, structured, consistent approach with well-defined expectations for performance has been shown to be the most effective way to accomplish and maintain adaptive classroom behavior.

Behavior Management

In dealing with students who exhibit behaviors which the teacher determines are unwanted and are affecting the learning of the student and other students, a five step process (P.R.I.D.E.) developed at Western Michigan University may be employed to modify the behavior:

P = Pinpoint a problem behavior. The teacher should be aware that if an attempt is made to modify too many behaviors at one time, the process is not effective. Due to this fact, the teacher should focus on the one behavior which is most troublesome and modify it before focusing on other behaviors of concern. It is absolutely essential that the specific behavior be pinpointed sufficiently so that its frequency can be counted. If this is not done, the behavior is not specified sufficiently to be successfully modified.

R = Record the frequency of the behavior. Once the behavior has been specified well enough to be counted, the next step is the recording of how often the behavior occurs. This may be done over the course of the entire day or during that portion of the day when the behavior of concern is exhibited. The frequency of occurrence may be recorded by the teacher, by an aide, or in certain instances, by the student himself. By recording the frequency of the behavior, a "baseline" of performance is estab-

lished which will permit 1) determination of the magnitude of the behavior, and 2) determination of whether the treatment which is instituted really has the desired effect of modifying behavior.

I = Identify associated events which may trigger or reinforce the behavior. In certain instances, the student may demonstrate the undesired behavior only at certain times. This might be a reaction to certain subjects, a way of gaining attention, the result of factors which occur in the classroom, on the school grounds, at home, etc. If it is possible to identify events which are associated with the behavior, then the modification of the behavior may be a much easier task.

D = Design a contingency management system. This may take several forms. For instance, the frequency of some behaviors may be modified by ignoring the behavior when it occurs. In other instances, the student may be informed of conditions where the behavior may and may not occur. A reinforcement schedule should be designed whereby the student is reinforced (rewarded) when the desired behavior occurs and is not reinforced when the undesired behavior occurs.

E = Evaluate the results of the contingency. Regardless of the contingency system employed, it is very important to continue to record the frequency of the behavior. This will permit evaluation of the effectiveness of the system. If the frequency of the behavior is modified in the direction desired (increases or decreases), the contingency is effective and may be continued. If there is no change in behavior, a different contingency system should be tried. When behavior reaches the desired level, the contingency system may be gradually eliminated. It is important to note that when the contingency is removed, sometimes the undesirable behavior may reoccur.

A systematic, structured approach to instruction has been shown to be most effective with handicapping students. The extra time and effort put forth by the special education teacher to implement the procedures above are necessary to provide appropriate programming for handicapped students whose behaviors impede their learning. The following are behavior modification principles employed by special education teachers to reinforce behaviors more conducive to learning.

To strengthen a new behavior:

- Positive Reinforcement Principle: To improve or increase a child's performance of a certain activity, arrange for an immediate reward after each correct performance.

- Negative Reinforcement Principle: To improve or increase a a child's performance of a certain activity, arrange for the removal of something the child finds undesirable after each correct performance. Negative reinforcement is always rewarding, never punishing.

To develop new behavior;

- Successive Approximations Principle: To teach a child to act in a manner in which he has seldom or never before behaved, reward successive steps to the final behavior.

- Modeling Principle: To teach a child a new way of behaving, allow her to observe a prestigious person performing the desired behavior.

- Cueing Principle: To teach a child to remember to respond in a particular way at a specific time, arrange for him to receive a cue for the correct performance just before the action is expected, rather than after he has performed incorrectly.

- Discrimination Principle: To teach a child to act in a particular way under one set of circumstances but not another, help her to identify the cues that differentiate the circumstances and reward her only when her action is appropriate to the cue.

To maintain new behavior:

- Substitution Principle: To reinforce a child with a previously ineffective reward, present it just before (or as soon as possible to) the time you present the more effective reward.

- Intermittent Reinforcement Principle: To encourage a child to continue performing an established behavior with few or no rewards, gradually and intermittently decrease the frequency with which the correct behavior is rewarded.

To stop inappropriate behavior you may choose from four alternative principles:

- Satiation Principle: To stop a child from acting in a particular way, you may allow him to continue (or insist that he continue) performing the undesired act until he tires of it.

- Extinction Principle: To stop a child from acting in a particular way, you may arrange conditions so that she receive no rewards following the undesired act.

- Incompatible Alternative Principle: To stop a child from acting in a particular way, you may reward an alternative action that is inconsistent with or cannot be performed at the same time as the undesired act.

- Negative Reinforcement Principle: To stop a child from acting in a particular way, you may arrange for him to terminate a mildly aversive situation by improving his behavior, e.g., giving no homework.

To modify emotional behavior:

- Avoidance Principle: To teach a child to avoid a certain type of situation, simultaneously present to the child the situation to be avoided (or some representation of it) and some aversive condition (or its representation).

- Fear Reduction Principle: To help a child overcome her fear of a particular situation, gradually increase her exposure to the feared situation while she is otherwise comfortable, relaxed, secure, or rewarded.

Cue and Correction Procedure

This is an effective method for dealing with non-compliant behaviors of the moderately and severely mentally handicapped developed by the staff of the Teaching Research Infant and Child Center in Monmouth, Oregon:

When the student knows what to do...

1. ...and performs the task correctly and independently...reinforce.
2. ...but does not perform the task correctly,...

Give NON-DIRECTIVE VERBAL CUE, such as "Wait, what do you need to do?"

1. If student performs the task correctly, then reinforce.
2. If student does not perform the task correctly,...

Give DIRECTIVE VERBAL CUE, such as , "Wait, you need to _____."

1. If student performs the task correctly, reinforce.
2. If student does not perform the task correctly,...

Give VERBAL/VISUAL ASSISTANCE, such as "Wait, here is your book. Now open it to your lesson."

1. If student performs the task correctly, reinforce.
2. If student does not perform the task correctly,...

Give DIRECTIVE VERBAL CUE with MODEL, such as, "Wait, you open the book to your lesson like this."

1. If student performs the task correctly, reinforce.
2. If student does not perform the task correctly,...

Give DIRECTIVE VERBAL CUE & PHYSICAL ASSISTANCE to the student to complete the task, such as, "Wait. Let me help you. We'll do it together."

Physical Restraint with the Therapeutic Hold

This method for dealing with out-of-control behavior should be used only when a child is physically lashing out with such intensity that the safety of the child or others in the classroom is threatened, and when the teacher feels secure that he can restrain the child as necessary. The "therapeutic hold" consists of crossing the child's arms in front of the body and holding the child from behind in order to prevent him from hurting himself or others, applying no more pressure than is necessary to restrain the child. Counteraggression on the part of the teacher must never take place and the teacher should release the child as soon as possible, as a negative model of solving problems with force may impress the class.

While restraining a child, it is recommended that the teacher talk soothingly to the child in a low voice suggesting that the child is regaining control, gradually relaxing the hold as the youngster relaxes. Such episodes, when handled appropriately, can be very therapeutic for a child in that he may gain trust in the teacher's ability to help him maintain control.

The "therapeutic hold" is not corporal punishment; it is, rather, the application of "reasonable force (which) may be used by a teacher in order to restrain a pupil in attendance at school from hurting himself or any other person or property" (Hawaii Revised Statues, § 298-16; see p. EH 105 in References). However, the misuse or abuse of this procedure may be considered physical or corporal punishment, a practice expressly prohibited by HRS § 298-16. Therefore, considerable caution is recommended in the application of physical restraint. It is better to refrain from using this procedure when a teacher is uncertain as to whether he can apply it appropriately.

Punishment

Hawaii is one of very few States which has banned the use of corporal punishment in its public schools (Wood & Lakin, 1978). However, the ethics of the use of non-physical forms of punishment have come under considerable scrutiny in recent years due to continuing research which indicates that punishments often inhibit the learning process by producing very undesirable side effects (Bucher & King, 1971; Lovaas, Freitag, Gold, Kassorla, 1965; Risley, 1968; Simmons & Reed, 1969). The use of punishment with emotionally handicapped children can be most deleterious, creating emotional overlays on top of their handicapping conditions. Punishment should never be confused with negative reinforcement, a contingency that is always rewarding.

Replicated research has confirmed the findings that teacher disapproval responses, e.g., verbal reprimands, criticisms, actually increase inappropriate behaviors (Thomas, Becker & Armstrong, 1968; Madsen, Becker, Thomas, Koser & Plager, 1970; and Sibley, Abbott & Cooper, 1969). Rewarding adaptive behavior with positive and negative reinforcement has been shown consistently to enhance the learning process, whereas punishment often alienates youngsters from the learning situation. Punishment never teaches a child what to do, only what not to do.

Punishment is only justified once it has been determined that all possible methods and resources to deal with a chronic, targeted behavior have been exhausted, and that no reasonable alternative intervention remains to prevent serious damage to a child. It must be an intervention of necessity rather than choice, and resorting to these drastic measures should be a painful experience for an educator, never a satisfying one. The behavior being punished should be more injurious to the child than the punishment applied, and adaptive behavior must be taught concurrently to replace the behavior being punished.

It is recommended that a detailed punishment plan be developed by the teacher in conjunction with the handicapped child's parents, the student, the school principal or designee, the school counselor, district personnel, e.g., resource teacher or school psychologist, and any other personnel involved in the implementation of the plan, e.g., DMH consultant. This plan should specify the baseline recording of the targeted behavior, conditions under which punishment is to be administered, the actual aversive intervention, method of evaluating effectiveness of punishment, and when the punishment program will terminate. Also included in this plan should be the adaptive behavior being taught which is incompatible with the targeted behavior, reinforcement for the adaptive behavior, and method for evaluating the reinforcement's effectiveness.

According to Article XI of the Agreement between State of Hawaii Board of Education and Hawaii State Teachers' Association regarding student discipline, "guidelines for student behavior and administrative follow-up to be implemented" in a school shall be drawn up by the principal.

> The principal shall give due consideration to faculty suggestions in developing the school-level guidelines which shall include, but not be limited to, such items as: (1) acceptable standards of behavior, (2) criteria and procedures for referral and follow-up, and (3) general consequences of misconduct. A copy of the guidelines will be given to each teacher, student, and parent(s) (pp. 80-81).

Any punishment techniques employed should be reflected in these guidelines as they are consequences of misconduct which students and parents should be aware of in advance.

When it is determined that punishment must be administered, it should be done so immediately, consistently, and matter-of-factly without anger, threats, or moralizing for the behavior which the child knew was punishable. Punishment has been shown to be most effective when presented by persons who are warm, loving, and reinforcing to the child and when it focuses on the loss of rewards, rather than conveying the message that the youngster is bad. When the adaptive behavior being programmed to replace the punished behavior occurs, it should be similarly reinforced promptly and sufficiently to reduce the probability of the punished behavior reoccurring.

When a teacher must resort to the implementation of aversive conditioning to control a targeted behavior, the following techniques may be employed with utmost caution:

Time-out from reinforcement may be used with a student who presents problem behaviors which cannot be ignored. This student may be removed from the provocative situation and placed in an area within the classroom where distractions are minimal, where he can be continually supervised, and where he can observe others being reinforced. The terms of removal from "time-out" should be improved behavior, rather than a specific period of time, however, one to five minutes should be sufficient most of the time. Periods exceeding 15 minutes are unlikely to be effective.

Once the student demonstrates appropriate behavior, he should be reinforced and allowed to return to the ongoing classroom activity. The behaviors resulting in "time-out" must be clearly defined and understood and a student should never be locked into a "time-out" area. "Time-out" is effective only when the child wants to be in, not out, of the classroom activity. Otherwise this procedure reinforces the undesirable behavior by providing a desirable consequence.

Overcorrection is a set of procedures designed to "overcorrect" behavioral errors. Positive practice overcorrection is the technique of requiring the student to practice a more adaptive behavior than the one in error. This behavior may be incompatible with the maladaptive behavior. For example, a student who has a habit of deliberately slamming doors may be required to practice closing a door appropriately (Azrin, 1975). Restitution overcorrection requires a student to restore the environment to a condition better than its status before the misbehavior occurred. An example of this could be requiring a student to wash the desk tops in a classroom where she has repeatedly defaced a piece of furniture.

Response cost is a punishment procedure consisting of the removal or withdrawal of previously acquired reinforcers contingent upon a specified misbehavior. The more common applications of this procedures involve removal of the opportunity to participate in certain activities, e.g., the loss of recess or television privileges, or token removal, i.e., a fine within a token economy system as the result of some misdeed. To reiterate, it is most crucial that the student know in advance which behaviors are punishable as well as the consequences.

Matching Resources to Prescriptions

The individualized education program (IEP) contains annual goals based upon the educational needs of each student, with objectives written for the cognitive, affective, and motor domains. These objectives provide the bases for selection of program delivery, curricular materials, methods, and teaching strategies to be used with each identified student.

A resource setting may be used to accommodate the handicapped student whose behavior assumes crisis proportions. Completely individualized attention is afforded this student, and other resources may be implemented to help this student through the crisis, e.g., individual counseling. Such resource rooms may be incorporated in schools with separate special classes, or they may be located in neighboring schools and serve as a resource for emotionally handicapped students brought there from another area

Career and Vocational Education

Since most students identified as emotionally handicapped possess the potential to achieve in school at a normal rate, career and vocational curricula need not be adapted or modified. However, since social judgment and impulse control problems are characteristic of the emotionally handicapped, special education should emphasize getting along with others and self-control so that the student can take advantage of opportunities to explore possible careers. It is crucial in the education of this population to program early for possible careers so that curricular relevance to the student's future can be demonstrated. Extensive resources for career and vocational education available to all Department of Education teachers are included in the RESOURCE SUPPLEMENT at the end of this document.

Appropriate Delivery Services

The philosophy of education in Hawaii emphasizes individualized instruction for every student in the public school system. This is based on the assumption that each child has abilities and needs which must be dealt with on an individual basis. The same principles apply to children with handicapping conditions. Ideally, all children, regardless of their handicapping conditions, should be educated in an environment as much like the regular education program as appropriate so that they learn to function in the larger society, and so that all students may be better able to understand and accept individual differences.

Placement decisions are based on procedures specified in the State Plan as elaborated in this document, and according to due process procedures established in DOE Rule 49, "Relating to the Provision of Free Appropriate Public Education to Children Who are Handicapped" (Revised 1979). Identification and diagnosis are handled by Special Services Teams and include such services as psychological testing and evaluation, social work services, speech and language evaluation, and educational diagnostic and prescriptive services.

A number of considerations must be given prior to the recommendation for the placement (including mainstreaming) of the handicapped child.

P.L. 94-142 states that the child's educational placement is to be determined at least annually, is to be based on the child's IEP, and is to be as close to home as possible. In selecting the least restrictive environment, consideration must be given to any potential harmful effect on the child or on the quality of services to be provided the child.

Different types of services are required before handicapped children may be able to meet curricular requirements: itinerant, resource, integrated self-contained, and full-time self-contained. These services refer to the amount of time the child spends in special education. Movement through all services may be beneficial and may proceed in either direction, depending on the severity of the problem.

A resource program provides the most suitable special services for some students in that scheduling can be made for those times when a student cannot meet minimum requirements in the regular class. The program in the resource room is designed to supplement the regular curriculum--that is, the resource teacher plans individual programs based on possible reasons the student is not meeting minimum requirements. The student receives instruction from the special education teacher for less than half of each instructional school day. The student may be assigned resource service anywhere from one period a week to one to two periods per day. The special education teacher plans and implements the program in conjunction with the regular education teacher. The student is assigned to a regular education teacher who plans and implements the regular education program in conjunction with the special education teacher.

In the integrated self-contained service the student receives instruction from the special education teacher for at least half of the instructional school day. The special education teacher cooperatively plans programs with the regular education teacher(s).

In the full-time self-contained service the student receives instruction from the special education teacher for the full instructional school day. The special education teacher plans and implements the student's total education program. This arrangement is for those children who are unable to profit from regular class placement or from part-time resource service. Placement in such a segregated situation should be temporary. The placement does not exclude a child from participating in a regular program for lunch, recess, school functions and/or field trips.

Other available services for students with emotional handicaps are itinerant services, state special education schools, and nonpublic school services. These services are provided when a child requires less special education and related services than a resource room program, when the handicap is so severe that a full-time placement in a state school would be required, and when it can be shown that nonpublic school services can provide a service which the public school does not have.

Placement Considerations

The following chart roughly approximates salient behavioral/emotional characteristics of emotionally handicapped students requiring differential classroom placements according to the severity and topography of their handicaps. Resource room is the least controlled setting, whereas the fully self-contained placement is the most controlled classroom in a public school. The designations of EH I, II, III can be distinguished largely by the nature of their behavioral responses to their handicaps. The arrows extending from EH III indicated possible movement from one setting to a less controlled one as a student progresses.

Educational Arrangement	EH I	EH II	EH III
Resource/ Itinerant	Some aggression, but able to control behaviors at least 75% of time. Can choose socially acceptable alternatives to frustration and anxiety. Can attend to tasks adequately.	Adequate self concept. Can cope with fears, failures. Able to verbalize feelings and to respond to reinforcement of appropriate behaviors.	
Integrated Self-Contained	Aggressive, but has learned some coping skills and socially acceptable alternatives to destructive behaviors. In control most of the time. Frequently inattentive.	Poor self concept. Adequately functioning life skills. Inferiority feelings. School phobia. Some withdrawal symptoms.	
Full-Time Self-Contained	Aggressive, hostile overt behaviors. Compulsive. Inattentive. Inappropriate or aggressive reactions to normal situations.	Pervasive inferiority feelings. Severe depression, Severe phobias, well below average functioning. Extreme fear and withdrawal.	Extreme low functioning. Extreme withdrawal. Perservation. Out of contact with reality.

Placements in Nonpublic School Settings for Special Education Services

Certain emotionally handicapped students have needs which cannot be met in the public sector and separation from the community must be prescribed for a variety of reasons. Residential treatment or hospitalization may be indicated to provide the therapeutic milieu where the student may recover. Institutionalization is the most restrictive environment for a handicapped student, but it is an alternative which must be considered in that it may be the least restrictive alternative for a particular student.

The availability of public or private institutional care is essential in the sequence of services. While such day programs or residential institutions are not always in the province of the public schools, the schools are legally mandated to ensure that the educational needs of institutionalized students are being met and that the teachers in such institutions are certified in special education.

Regardless of the design for the delivery of services, the actual interventions for the emotionally handicapped student represent a synthesis of educational and therapeutic efforts. The IEP should be formulated with the intent of maximizing the student's adjustment and, whenever possible, returning the student to regular education. The plan devised should include specific, relevant interventions by appropriate members of multidisciplinary services and include goals and procedures for increasing adaptation of the regular school setting.

Scope and Sequence of Curriculum

The school experience includes relationships to authority figures, peers and a relevant curriculum--all of which constitute major and essential channels for assisting emotionally handicapped children. However, the nature of the specific children calls for a wide variety of program designs. Some will be very specialized, such as those for children who fall into the EH III category.

Special education for the emotionally handicapped differs from regular education in some respects. While the school program incorporates normal educational procedures, it extends beyond these to include special methods and extracurricular enrichment. Although this exceptional population has the potential to achieve in school at a normal rate, about half of them achieve significantly behind regular education students, necessitating their educational programs to include remedial work. Since major problems exist in the affective domain, the teacher must incorporate individual and group counseling into the curriculum. The teacher is trained to understand the nature of deviance, the role the adult figure serves for identification, as well as methods for values clarification. In the initial phases of placement, there is greater tolerance for episodes of deviant behavior than would be acceptable in the regular setting, yet as students progress, expectations for adaptive behavior increase.

Both behavioral and psychodynamic approaches are appropriate for particular students and situations, but it is rare that any class will respond adaptively to any one method exclusively. Teachers of the emotionally handicapped report that their students respond differentially to the various approaches to educating this population. At a workshop for teachers of the emotionally handicapped in the State of Hawaii (January, 1980), there was unanimous agreement among conference participants that the effective combination of the above methods differ from one student to the next. Also, 87% of the respondents agreed that these methods can be employed simultaneously, complementarily, and effectively with the same student. These results indicated the need for flexibility in programming for these students in recognition of individual differences and the need for relevant curricula in line with their interests and abilities.

In addition to the development of coping skills for living (including the most elemental self-care) and the basic academic skills, other educational experiences may be valuable therapeutically. Such experiences as field trips, camping expeditions often provide an extra opportunity for establishing the helping relationship with a student which is essential to progress affectively as well as cognitively. As well as becoming adept in the application of behavior management strategies, the teacher of the emotionally handicapped should be familiar with the affective curriculum which includes helping the student to become aware of personal values, feelings and others' concerns (see REFERENCES).

Many emotionally handicapped students demonstrate that they have difficulties competing in the regular setting. Consequently, a curriculum based on cooperation, rather than competition, may be more productive for many of these students. Involving two or three students in the same project under close supervision may produce more learning in the academic and affective areas than isolating students with their own assignments. Although not all students may take advantage of this opportunity in a constructive way, others may make significant strides in their abilities to relate to peers as well as to their curricula. Again, flexibility must also allow for the student who produces best under competitive conditions.

Activities which address the physical well-being of the emotionally handicapped student should also be provided, e.g., athletic games, dance, adaptive physical education. The student should be encouraged to exercise daily, in that physical fitness is closely related to mental fitness and self-esteem. By the same token, serious emphasis should be placed upon the importance of an adequate, well-balanced diet to the maintenance of mental health. Although there has been controversy about the methodology of research on foods as they related to hyperactive behavior, there has been general agreement that diets high in processed sugars are deleterious to the maintenance of attention to task, as well as to general physical health. The Hawaii Nutrition Education Needs Assessment (1980) concluded that the continuation of the diets of many students at their current levels of nutrition "would increase the risks of certain health problems."

Students in Need of Mental Health Services

Studies conducted by the Biometry & Epidemiology Division, National Institute of Mental Health, and the Joint Commission on Mental Health of Children, estimate that 2-10 percent or more of the population under 18 years of age require psychiatric services. The World Health Organization's Expert Committee on Mental Health notes that "epidemiological studies have shown that seriously incapacitating mental illness are likely to affect at least 1% of any population at any one time and at least 10% at some time in their lives.

In Hawaii, follow-up studies on the children born to pregnant women who had been surveyed earlier, revealed that 26% of the children manifested some social-emotional-behavioral disturbances.

A University of Michigan study reported that the proportion of the school population requiring mental health services is best estimated at 12% (Rhodes & Tracy, 1972). This 12% is broken down into the following five groups:

- Group I: Students who are adapting well in school academically and socially and who exhibit emotional distress of a transient nature because of a stituational or personal problem, but who are able to cope with this by themselves or with the help of parents or friends (3%).
- Group II: Students who exhibit emotional distress or disturbed behavior of a transient nature but who require minimal counseling or emotional support for a brief period until able to return to their former, well-adjusted levels of functioning (3%).
- Group III: Students who problems have persisted for an extended duration and evidence reduction in their capacities to function adequately; if emotional handicap threatens to disrupt their school and social lives, special education may be indicated (2.5%).
- Group IV: Students whose emotional handicaps are chronic and of such a severe degree that they are unable to function in a regular classroom setting and require special education programming (2.5%).
- Group V: Students diagnosed psychotic or prepsychotic whose degree of impairment severely incapacities them in the home and community and always require special education (1%).

Children and youth in Group II are those who can be serviced primarily through consultation to teachers and others. Those in Groups III and IV generally require treatment services and concurrent services from school personnel. Some children and youth in Group IV require specialized therapeutic day programs. All in Group V require highly specialized day treatment or inpatient care.

The Michigan Study estimate has been used to determine Hawaii's potential level of mental health problems among children and youth.

The Children's Mental Health Services Branch of the Department of Health and the Community Mental Health Children's Teams have programs available to address the needs of children and youth meeting the criteria of each group classification derived from the Michigan Study.

Procedures for Implementation of the Department of Education - Division of Mental Health Children's Mental Health Services Agreement for Special Education* (rev. 6/82)

I. Definition of terms:

A. DMH = Department of Health, Division of Mental Health personnel

B. DOE = Department of Education personnel

C. DS/RS = Diagnostic Summary and Recommended Services form

D. IEP = Individualized Education Program

E. Direct Treatment Service = Process of treatment for mental illness, behavioral maladaptations, substance abuse and/or other problems that are of an emotional nature, in which a therapist deliberately establishes a professional relationship with an individual student or family for the purpose of removing, modifying, or retarding existing symptoms, of attenuating or reversing disturbed patterns of behavior, and of promoting positive personality growth and development. This service is listed as a mental health related service on the student's IEP.

F. Student-oriented Consultation Service = Process of discussing the situation of a particular student for the purpose of upgrading the understanding and mental health skills of his/her teacher or other DOE personnel who interact with that student or class. This service is listed as a mental health related service on the student's IEP.

G. Teacher-oriented Consultation Service = Process of discussing the situation of a class for the purpose of upgrading the understanding and mental health skills of a teacher or other DOE personnel who interact with that class. This service need not be listed on IEPs.

II. DMH Clinical Evaluations of Mental Health Status.

A. DMH Children's Teams will provide clinical evaluations of mental health status under agreements with DOE Special Services District personnel.

B. These evaluations will include diagnostic impressions based upon clinical observations and interviews, descriptions of student's mental health needs, and recommendations for the types of settings most appropriate to meet identified needs. These evaluations will not recommend a particular educational disability category nor placement site.

C. DMH consultants will be available to meet with the Special Services Teams as necessary and mutually agreeable.

D. Recommendations regarding student's needs for mental health services in order to benefit from special education will be made by DMH personnel at Special Services staffings to develop DS/RS.

III. DMH Provision of Teacher-Oriented Consultation Services.

A. DMH will consult with special education teachers concerning the maintenance of therapeutic milieus in special education classrooms on a basis mutually agreeable to consultants and teachers.

B. DMH will maintain communication with designated DOE liaison on a basis mutually agreeable to consultant and liaison, or as necessary.

C. All special education classes which contain one or more full-time self-contained students for whom mental health services have been recommended will have an assigned DMH consultant. The consultant will meet with special education teachers on a mutually agreeable basis.

IV. DMH Provision of Student-Oriented Consultation Services.

A. When student-oriented consulation service is recommended in the DS/RS of a handicapped student, DMH will participate in the IEP conferences of that student.

B. When student-oriented consultation service is programmed into the IEP of a student for whom such services have been recommended through a formal evaluation, DMH will lead in the development of the programming for the identified mental health needs.

C. Written information regarding the student's progress toward mental health goals on the IEP will be transmitted from the DMH consultant to

the student's special education teacher on a quarterly basis for inclusion in reports to parents regarding the student's progress toward all IEP goals.

V. DMH Provision of Direct Treatment Services.

A. When direct treatment service is recommended in the DS/RS of a handicapped student, DMH will participate in the IEP conferences of that student.

B. When direct treatment service is programmed into the IEP of a student for whom such services has been recommended through a formal evaluation, DMH will lead in the development of the programming for the identified mental health needs.

C. Direct treatment services will be provided at the school of attendance during the regular hours of the school day, provided that IEP conference participants agree that such an arrangement is appropriate.

D. DMH therapist will maintain ongoing communication with the student's special education teacher and DMH consultant (when consultant and therapist are not the same person) in order to align therapy goals with educational goals.

E. Written information regarding the student's progress toward mental health goals on the IEP will be transmitted from the DMH therapist to the student's special education teacher on a quarterly basis for inclusion in reports to parents regarding the student's progress toward all IEP goals.

VI. DOE Responsibilities.

A. Special Services Teams will schedule concurrently the staffing of cases under evaluation for which mental health services are likely to be recommended.

B. Special Services Teams will provide ten working days' notice to DMH Children's Teams of the scheduling for staffings of cases for which mental health services are likely to be recommended.

C. Special education teachers will provide ten working days' notice to DMH Children's Teams for the scheduling of IEP conferences for students recommended for student-oriented consultation services or direct treatment services in the DS/RS.

D. The school principal will assign one person, e.g., counselor, vice-principal, special education department chair, in schools attended by special education students who require mental health services to serve as liaison to the assigned DMH Children's Team consultant or therapist.

1) The DOE liaison to DMH will notify Children's Team personnel regarding changes in scheduling, or absences of children scheduled to receive direct treatment services in the school.

2) When direct services are to be provided in the school, the DOE liaison to DMH will arrange for a space conducive to therapy to be provided on a regular basis, i.e., easily accessible, free of stigma, quiet, private, properly ventilated, lighted, and appropriately supplied.

E. The DOE will provide, upon request, in-service training to DMH Children's Teams and Children's Mental Health Services Branch regarding the proper development of the DS/RS and IEP.

VII. Responsibilities of the DMH - DOE Task Force on the Implementation of the Children's Mental Health Services Agreement.

A. The Task Force will conduct an annual needs assessment in order to identify areas which require attention in the implementation of said interagency agreement.

B. The Task Force will recommend solutions to identified areas of need, monitor the effectiveness of proposed solutions, and revise procedures accordingly.

C. The Task Force will study and recommend solutions to any difficulties not previously addressed by the Task Force in the effective implementation of said interagency agreement.

VIII. Annual Reporting of Statistical Information.

A. At the beginning of each school year, the Assistant Superintendent of the Office Instructional Services will submit a report to the Superintendent of Education which outlines the mental health needs of handicapped students in the state.

B. The DMH Children's Team Heads will include in their Annual Reports to the Children's Mental Health Services Branch statistical information detailing the extent of their services to special education students which shall be forwarded to the Director of Health.

C. Once the above reports have been submitted, the DOE-DMH Task Force will convene to recommend resolutions to any discrepancies which might exist between identified needs and extent of service delivery to meet those needs.

D. In collaboration with the DMH, the DOE will review these procedures on a yearly basis and recommend revisions as needs dictate.

*These procedures revise "Roles, Responsibilities and Procedures for Implementing the DOE/DMH Children's Mental Health Services Agreement" (1979).

Program Review

Progress toward the program goals for the individual student should be formally reviewed at least annually in the context of an IEP meeting. This is a conjoint responsibility of all IEP conference participants. This may result in:

- Continuation of present plans
- Revised plan
- Re-evaluation of eligibility for special education

Proper annual review of the IEP by the IEP conference participants also aids in appropriate planning for the future of the emotionally handicapped student. When the IEP conference participants can see where the student has been and how much progress has been accomplished, a perspective can be gained which will help them to see what is still needed, if anything, to help the emotionally handicapped student find his or her own way of functioning in the community in a positive manner.

REFERENCES AND RESOURCE SUPPLEMENT

REFERENCES

Ack, M. Some principles of education for the emotionally disturbed. In P. A. Gallagher & L. L. Edwards (Eds.), Educating the emotionally disturbed: Theory to practice. Lawrence, Kansas: University of Kansas, 1970.

Ackerman, M. J. Operant Conditioning Techniques for the Classroom Teacher. Glenview, Illinois: Scott Foresman and Co., 1972.

Adamson, G. Study of programs on the emotionally disturbed. Exceptional Children, 1968, 34, 756-757.

Affective measures. La Mesa, California: Human Developmental Training Institute, 1978.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. (Third Ed.) Washington, D.C.: American Psychiatric Association, 1980.

Anderson, J. & Miner, P. Focus on self-development, stage one: Awareness. Chicago: Science Research Associates, 1971.

Anderson, C. Classroom Activities for Modifying Misbehavior in Children. New York: Center for Applied Research in Education, 1974.

Arnold, L. F. (Ed.). Helping parents help their children. New York: Brunner/Mazel, 1978.

Ashton-Warner, S. Spearpoint. New York: Vintage, 1972.

Ashton-Warner, S. Teacher. New York: Simon & Schuster, 1967.

Axelrod, S. Behavior Modification for the Classroom Teacher. New York: McGraw-Hill, 1977.

Axline, Virginia M. Dibs in Search of Self. New York: Ballantine, 1969, Dell, 1971.

Axline, V. Play therapy. Boston: Houghton Mifflin, 1947.

Ayllon, T., Layman, D., & Kandel, H. J. A behavioral-educational alternative to drug control of hyperactive children. Journal of Applied Behavior Analysis, 1975, 8, 137-146.

Ayllon, T., & Roberts, M. D. Eliminating discipline problems by strengthening academic performance. Journal of Applied Behavior Analysis, 1974, 7, 71-76.

Ayllon, T., Smith, D., & Rogers, M. Behavioral management of school phobia. Journal of Behavior Therapy and Experimental Psychiatry, 1970, 1, 125-128.

Azrin, N. H., & Powers, M. A. Eliminating classroom disturbances of emotionally disturbed children by positive practice procedures. Behavior Therapy, 1975, 6, 525-534.

Azrin, N. H., Gottlieb, L., Hughart, L., Wesolowski, M. D., & Rahn, T. Eliminating self-injurious behavior by educative procedures. Behavior Research and Therapy, 1975, 13, 101-111.

Bachman, J. A. Self-injurious behavior: A behavioral analysis. Journal of Abnormal Psychology, 1972, 80, 211-224.

Bachrack, A., Mosley, S., Swindle, A., & Wood, M. Developmental therapy for young children with autistic characteristics. Baltimore, Maryland: University Park Press, 1978.

Bakwin, H., & Bakwin, R. M. Behavior disorders in children (4th ed.). Philadelphia: Saunders, 1972.

Ball, S. The human development program: Innerchange. La Mesa, California: Human Development Training Institute, 1977.

Baller, W. R. Bed-wetting: Origins and treatment. New York: Pergamon, 1975.

Balthazar, E., & Stevens, H. The emotionally disturbed mentally retarded. Englewood Cliffs, New Jersey: Prentice-Hall, 1975.

Bandura, A. Social learning theory. Englewood Cliffs, New Jersey: Prentice-Hall, 1977.

Bandura, A. Aggression: A social learning analysis. Englewood Cliffs, New Jersey: Prentice-Hall, 1973.

Bandura, A. Principles of behavior modification. New York: Holt, Rinehart, & Winston, 1969.

Bandura, A., & McDonald, F. J. Influence of social reinforcement and the behavior of models in shaping children's moral judgments. Journal of Abnormal and Social Psychology, 1963, 67-274-281.

Bandura, A., & Walters, R. H. Adolescent aggression. New York: Ronald Press, 1959.

Bannatyne, A. & Bannatyne, M. How your children can learn a rewarding life: Behavior modification for parents and teachers. Springfield, Illinois: Charles C. Thomas, 1973.

Bardill, D. Group theory techniques with preadolescent boys in a residential treatment center. Child Welfare, 1973, 52(8), 533-541.

Barker, R. G. Ecological psychology: Concepts and methods for studying the environment of human behavior. Palo Alto, California: Stanford University Press, 1968.

Barman, A. S. Mental Health in Classroom and Corridor. Indianapolis, Indiana: Bobbs Merrill Co., 1977.

Baruch, Dorothy. One Little Boy. New York: Dell, 1964.

Bauer, J. Learning To Be: The Psychoeducational Management of Severely Dysfunctional Children. Seattle, Washington: Special Child Publications, 1974.

Bauermeister, J. J., & Jemail, J. A. Modifications of "elective mutism in the classroom setting: A case study. Behavior Therapy, 1975, 6, 246-250.

Beck, A. T. Cognitive Therapy and the Emotional Disorders. New York: International Universities Press, 1976.

Becker, E. The denial of death. New York: Free Press, 1973.

Becker, H. The other side: Perspectives on deviance. New York: Free Press, 1964.

Becker, W. C. Parents are teachers. Champaign, Illinois: Research Press, 1971.

Becker, W. C. Consequences of different kinds of parental discipline. In M. L. Hoffman & L. W. Hoffman (Eds.) Review of Child Development Research (Vol. 1) New York: Bussel Sage Foundation, 1964.

Beers, C. A mind that found itself. New York: Longmars, Green, 1921.

Beery, K. E. Models for Mainstreaming. San Rafael, California: Dimensions Publishing Co., 1972, p. 122.

Beltz. S. How to make Johnny want to obey. Englewood Cliffs, New Jersey: Prentice-Hall, 1971.

Benedict, R. Patterns of culture. Boston: Houghton Mifflin, 1961.

Berkowitz, B., & Graziano, S. Training parents as behavior therapists. A review. Behavior Research and Therapy, 1972, 10, 297-318.

Berkowitz, P. H. Pearl H. Berkowitz. In J. M. Kauffman & C. D. Lewis (Eds.), Teaching children with behavior disorders: Personal perspectives. Columbus, Ohio: Charles E. Merrill, 1974.

Bessell, H. , & Palomares, U. Methods in human development theory manual and curriculum activity guide. San Diego: Human Development Training Institute, 1970.

Bettelheim, B. Listening to children. In P. A. Gallagher & L. L. Edwards (Eds.), Educating the emotionally disturbed: Theory to practice. Lawrence, Kansas: University of Kansas, 1970.

Blackham, G. J., & Silverman, A. Modification of child and adolescent behavior (3rd e.d). Belmont, California: Wadsworth, 1980.

Blanco, R. F. Prescriptions for Children With Learning and Adjustment Problems. Springfield, Illinois: Charles C. Thomas, 1976.

Blatt, B., & Kaplan, F. Christimas in purgatory: A photographic essay on Mental Retardation. Boston: Allyn & Bacon, 1966.

Blum, G. J. Feeling good about yourself: A human sexuality and socialization curriculum. Mill Valley, Calfironia: Author, 1975.

Bockoven, J. S. Moral treatment in community mental health. New York: Springer, 1972.

Borke, H. Interpersonal perception of young children: Egocentrism or empathy? Developmental Psychology, 1971, 5(2), 263-269.

Bortner, M., & Birch, H. G. Patterns of intellectual ability in emotionally disturbed and brain damaged children. Journal of Special Education, 1970, 3, 351-369.

Bower, E. M. Early identification of emotionally handicapped children in school. (2nd ed.) Springfield, Illinois: Charles C. Thomas, 1969.

Bower, E. M., & Lambert, N. M. A process for in-school screening of children with emotional handicaps. Princeton, New Jersey: Educational Testing Service, 1962.

Bower, E. M., Shellhammer, T. A., & Daily, J. M. School characteristics of male adolescents who later become schizophrenic. American Journal of Orthopsychiatry, 1960, 30, 712-729.

Bower, K. B., & Mercer, C. D. Hyperactivity: Etiology and intervention techniques. Journal of School Health, 1975, 45, 195-202.

Boy, A. V., & Pine, G. J. Expanding the Self: Personal Growth for Teachers. Dubuque, Iowa: William C. Brown Co., 1971.

Bradke, L. Kirkpatrick, W., & Rosenblatt, K. Intensive play: A technique for building affective behavior in profoundly mentally impaired and young children. Education and Training of the Mentally Retarded, 1972, 7, 8-13.

Brightman, A. Like me. Boston: Little, Brown, 1976.

Brigham, A. Schools and asylums for the idiotic and imbecile. American Journal of Insanity, 1848.

Brigham, A. Schools in lunatic asylums. American Journal of Insanity, 1845, 1, 326-340.

Brown, D. Changing Student Behavior: A New Approach to Discipline. Dubuque, Iowa: William C. Brown Co., 1971.

Brown, G. I. The training of teachers for affective roles. In Teacher Education. National Society for the Study of Education 1974 yearbook, Part II. Chicago: University of Chicago Press, 1975.

Bryan, J. H. You will be well advised to watch what we do instead of what we say. In D. J. DePalma & J. M. Foley (Eds.), Moral development: Current theory and research. Hillsdale, New Jersey: Lawrence Erlbaum, 1975.(a)

Bryan, J. H. Children's cooperation and helping behaviors. In E. M. Hetherington (Ed.), Review of child development research (Vol. 5). Chicago: University of Chicago Press, 1975.(b)

Bryan, T. Children's comprehension of nonverbal communication. Journal of Learning Disabilities, 1977, 10, 501-506.

Bryan, T. Peer popularity of learning disabled children: A replication. Journal of Learning Disabilities, 1976, 9, 307-311.

Bryan, T. Peer popularity of learning disabled children. Journal of Learning Disabilities, 1974, 7, 304-309.

Bucher, B., & King, L. W. Generalization of punishment effects in the deviant behavior of a psychotic child. Behavior Therapy. 1971, 2, 68-77.

Buckley, N., & Walker, H. M. Modifying Classroom Behavior: A Manual of Procedures for Classroom Teachers. Champaign, Illinois: Research Press, 1971.

Budoff, M. "Providing Special Education Without Special Classes." Journal of School Psychology. Vol. 10, 1972, pp. 199-205.

Buell, J., Stoddard, P., Harris, F. R., & Baer, D. M. Collateral social development accompanying reinforcement of outdoor play in a preschool child. Journal of Applied Behavior Analysis, 1968, 1, 167-174.

Burke, D. Countertheoretical interventions in emotional disturbance. In W. C. Rhodes & M. L. Tracy (Eds.), A study of child variance (Vol. 2: Interventions). Ann Arbor, Michigan: University of Michigan, 1972.

Burks, H. H. Manual for Burks' Behavior Rating Scales. El Monte, California: Arden Press, 1968.

Buscaglia, L. The disabled and their parents: A counseling challenge. Thorotare, New Jersey: Charles B. Slack, 1975.

Bushell, D. Classroom Behavior: A Little Book for Teachers. Englewood Cliffs, New Jersey: Prentice-Hall, 1973.

Byers, E. Wilderness camping as therapy for emotionally disturbed children: A critical review, Exceptional Children, 1979, 45(8), 628-637.

Byer, R. et al. Teach us what we want to know. New York: Mental Health Materials Center, 1969.

Cady, J. L. Pretend you are an author. TEACHING Exceptional Children, 1975 8(1), 26-31.

Caldwell, B. Aggression and hostility in young children. Young Children, 1977, 32(2), 4-13.

Camp, B. Think aloud: A program for developing self control in young aggressive boys. Journal of Abnormal Psychology, 1977, 5(2), 157-169.

Campagna, A., & Harter, S. Moral judgment in sociopathic and normal children. Journal of Personality and Social Psychology, 1975, 31(2), 199-205.

Campbell, M. Biological interventions in psychoses of childhood. Journal of Autism and Childhood Schizophrenia, 1973, 3, 347-373.

Campbell, S. B. Cognitive styles and behavior problems of clinic boys. Journal of Abnormal Child Psychology, 1974, 2, 307-312.

Canter, L. Whys and Hows of Working With Behavior Problems in the Classroom. San Rafael, California: Academic Therapy, 1974.

Cantwell, D. P. Genetics of hyperactivity. Journal of Child Psychology and Psychiatry, 1975, 16, 261-264.

Carkhuff, R. R. The Art of Helping: A Guide for Developing Helping Skills for Parents, Teachers, and Counselors. Human Resource Development Press, Box 222, Amherst, Massachusetts 01002.

Carkhuff, R. R., Berenson, D. H., & Pierce, R. M. The skills of teaching: Interpersonal skills. Amherst, Massachusetts: Human Resource Development Press, 1973.

Carlson, C. S., Arnold, C. R., Becker, W. C., & Madsen, C. H. The elimination of tantrum behaviors of a child in an elementary classroom. Behavior Research and Therapy, 1968, 6, 117-119.

Carlson, E. T., & Dain, N. The psychotherapy that was moral treatment. American Journal of Psychiatry, 1960, 117, 519-524.

Carter, R. D. Help, These Kids Are Driving Me Crazy. Champaign, Illinois: Research Press, 1975.

Cartledge, G., & Milburn, J. The case for teaching social skills in the classroom: A review. Review of Educational Research, 1978, 48(1), 133-156.

Caspari, I. E. Troublesome Children in Class. London: Rouledge and Kegan Paul, 1976.

Castillo, F. A. Left-handed teaching: Lessons in affective education. New York: Praeger Publishers, 1974.

Cautela, J. R., & Groden, J. Relaxation. Champaign, Illinois: Research Press, 1978.

Chan, K., & Keogh, B. Interpretation of task interruption and feelings of responsibility for failure. Journal of Special Education, 1974, 8(2), 175-178.

Chandler, J., Greenspan, S., & Barenboim, C. Assessment and training of role taking and referential communication skills in institutionalized emotionally disturbed children. Developmental Psychology, 1974, 10, 546-553.

Chandler, M. Egocentrism and antisocial behavior. The assessment and training of social perspective taking skills. Developmental Psychology, 1973, 9, 326-332.

Chinn, P., Winn, J., & Walters, R. Two way talking with parents of special children: A process of positive communication. St. Louis, Missouri: Mosby, 1978.

Chimiel, A. J., & Mattsson, A. Heller s syndrome: A form of childhood p: chosis of multicausal origin. Journal of American Academy of Child Psychiatry, 1975, 14, 337-347.

Clarizio, H. F., & McCoy, G. F. Behavior disorders in children (2nd ed.). New York: Crowell, 1976.

Clarizio, H. F. Toward Positive Classroom Discipline. (Second Ed.) New York: John Wiley & Sons, Inc., 1976.

Clarizio, H. F., & McCoy, G. F. Behavior Disorders in School-Aged Children. New York: Chandler, 1970.

Cobb, J. A. Relationship of discrete classroom behavior to fourth-grade academic achievement. Journal of Educational Psychology, 1972, 63, 74-80.

Cohen, H. L. Behavior modification and socially deviant youth. In C. E. Thoresen (Ed.), Behavior modification in education. Chicago: University of Chicago Press, 1973.

Cohen, A. Deviance and social control. Englewood Cliffs, New Jersey: Prentice-Hall, 1966.

Coopersmith, S. The antecedents of self-esteem. San Francisco: Freeman, 1967.

Corte, H. R., Wolf, M. M., & Locke, B. J. A comparison of procedures for eliminating self-injurious behavior of retarded adolescents. Journal of Applied Behavior Analysis, 1971, 4, 201-213.

Cotler, S. B., & Guerva, J. J. Assertion training. Champaign, Illinois: Research Press, 1976.

Croghan, L., & Musante, F. J. The elimination of a boy's high-building phobia by in vivo desensitization and game playing. Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 87,88.

Cruickshank, W. M., Paul, J. L., & Junkala, J. B. Misfits in the public schools. Syracuse, New York: Syracuse University Press, 1969.

Csapo, M. Peer models reverse the "one bad apple spoils the barrel" theory. TEACHING Exceptional Children, 1972, 5, 20-24.

Cullinan, D. A., Kauffman, J. M., & LaFleur, N. K. Modeling: Research with implications for special education. Journal of Special Education, 1975, 9, 209-221.

Dale, M. Do you get it? Helping students understand humor. TEACHING Exceptional Children, 1979, 11(3), 105.

D'Ambrosio, Richard. No Language But a Cry. New York: Doubleday, 1970, Dell, 1971.

Davids, A. On Bettelheim's view of infantile autism. In A. Davids (Ed.), Issues in abnormal child psychology. Monterey, California: Brooks & Cole, 1973.

Davids, A. Therapeutic approaches to children in residential treatment: Changes from the mid-1950s to the mid-1970s. American Psychologist, 1975, 30, 809-814.

Davis, J. Coping with Disruptive Behavior. West Haven, Connecticut: National Education Association, 1975.

Dealing with causes of behavior. Cleveland, Ohio: Educational Research Council, 1972.

Deibert, A., & Harmon, A. New Tools for Changing Behavior. Champaign, Illinois: Research Press, 1970.

Delgado, J. M. R. Physical control of the mind: Toward a psycho-civilized society. New York: Harper, 1969.

De Magistris, R. J., & Imber, S. C. The effects of life space interviewing on academic and social performance of behaviorally disordered children. Behavior Disorders, 1980, 6, 12-25.

DeMyer, J. K. The nature of neuropsychological disability in autistic children. Journal of Autism and Childhood Schizophrenia, 1975, 5, 109-128.

Dennison, G. The lives of children: The story of the First Street School. New York: Random House, 1969.

De Palma, D. J., & Foley, J. M. (Eds.), Moral development: Current theory and research. Hillsdale, New Jersey: Lawrence Erlbaum, 1975.

DeRiso, W. J., Butz, G. Writing Behavioral Contracts. Champaign, Illinois: Research Press, 1974.

DesLauriers, A. M., & Carlson, C. F. Your child is asleep: Early infantile autism. Homewood, Illinois: Dorsey Press, 1969.

DesLauriers, A. M. The experience of reality in childhood schizophrenia. New York: International Universities Press, 1962.

De Villiers, J. G., & Naughton, M. M. Teaching a symbol language to autistic children. Journal of Consulting and Clinical Psychology, 1974, 42, 111-117.

Dollar, B. Humanizing Classroom Discipline: A Behavioral Approach. Scranton, Pennsylvania: Harper and Row, 1972.

Dollard, J., Dobb, L. W., Miller, N. E., Mowrer, O. H., & Sears, R. R. Frustration and aggression. New Haven, Connecticut: Yale University Press, 193[illegible].

Dreikurs, R. Maintaining Sanity in the Classroom: Illustrated Teaching Techniques. [illegible]ranton, Pennsylvania: Harper and Row, 1971.

Dreikurs, R. Psychology in the classroom: A manual for teachers (2nd ed.). New York: Harper & Row, 1968.

Drucker, H. The Organization and Management of the Resource Room: A Cookbook Approach. Springfield, Illinois: Charles C. Thomas, 1976.

Dupont, H. Meeting the emotional social needs of students in a mainstreamed environment. Counseling and Human Development, 1978, 10(9).

Dupont, H. Affective development: Stage and sequence (a Piagetian interpretation). In Mosher, R. L., Adolescent development in education. Berkeley, California: McCutchan, in press.

Dupont, H. (Ed.) Educating Emotionally Disturbed Children: Readings. (Second Ed.) New York: Holt, Rinehart & Winston, 1975.

Durkheim, E. Suicide. New York: Free Press, 1951.

Dye, A., & Hackney, H. Gestalt approaches to counseling. Boston, Massachusett: Houghton Mifflin, 1975.

Eitzen, D. S. The effects of behavior modification on the attitudes of delinquents. Behavior Research and Therapy, 1975, 13, 295-299.

Elder, C. A. Making Value Judgments: Decisions for Today. Columbus: C. E. Merrill Publishing Co., 1972.

Elliott, David Listen to the Silence. New York: New American Library 1971.

Ennis, G. Prisoners of psychiatry. New York: Harcourt Brace Jovanovich, 1972.

Fagan, J., & Shepherd, I. L. (Eds.) Life techniques in Gestalt therapy. New York: Harper & Row, 1973.

Fagan, S., & Long, N. A. A psychoeducational curriculum approach to teaching self control. Journal of the Council for Children with Behavioral Disorders, 1979, 4(2).

Fagen, S., Long, H., & Stevens, D. Teaching Children Self-Control: Preventing Emotional and Learning Problems in the Elementary School. (Second Ed.) Columbus, Ohio: Charles E. Merrill, 1975.

Fagen, S. A., Long, N. J., & Stevens, D. J. Teaching children self-control. Columbus, Ohio: Charles E. Merrill, 1975.

Family feelings. New York: Learning Corporation of American, n.d. (711 Fifth Avenue, New York, NY 10022).

Farber, J. Student as nigger. New York: Contact, 1969.

Fargo, C., Behrns, C., & Nolen, P. Behavior modification in the classroom. Belmont, California: Wadsworth, 1970.

Faas, L. A. Emotionally Disturbed Child: A Book of Readings. Springfield, Illinois: Charles C. Thomas, 1975.

Fassler, J. Helping children cope: Mastering stress through books and stories. New York: Free Press, 1978.

Feeling. Niles, Illinois: Argus Communications, n.d. (7440 Natchez, Niles, Illinois 60648).

Feeling free. New York: Scholastic, 1978. (50 West 44th St., New York, New York 10036).

Feelings/A series. Los Angeles, California: Churchill Films, n.d. (622 N. Robertson Blvd., Los Angeles, California 90069).

Fenichel, C. In J. M. Kauffman & C. D. Lewis (Eds.) Teaching children with behavioral disorders: Personal perspectives. Columbus, Ohio: Charles E. Merrill, 1974.

Focus on self development. Chicago: Science Research Associates, 1974.

Forness, S. R. Developmental programming for the use of aversive procedures in a hospital school. In F. H. Wood & K. C. Lakin (Eds.), Punishment and aversive stimulation in special education: Legal, theoretical and practical issues in their use with emotionally disturbed children and youth. Minneapolis: University of Minnesota Press, 1978.

Foucault, M. Madness and civilization. New York: Vintage Books, 1973.

Foxx, R. M., & Azrin, N. H. The elimination of autistic self-stimulatory behavior by overcorrection. Journal of Applied Behavior Analysis, 1973, 6, 1-14.

Foxx, R. M., & Azrin, N. H. Restitution: A method of eliminating aggressive-disruptive behavior of retarded and brain damaged patients. Behavior Research and Therapy, 1972, 10, 15-27.

Fredericks, H. D. The Teaching Research Curriculum for Moderately and Severely Handicapped. Springfield, Illinois: Charles C. Thomas, 1976.

Free to be you and me. New York: McGraw Hill, n.d. (330 W. 42nd Street, New York, New York 10036)

Freedman, D. A. The blind. In N.B. Enzer (Ed.). Social and emotional development: The preschooler. New York: Walker & Co., 1978.

Freud, A. The relation between psychoanalysis and pedagogy. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom. Belmont, California: Wadsworth, 1965.

Freud, A. Psychoanalysis and Education. The Psychoanalytic Study of the Child, New York: International Universities Press, 1954.

Freud, A. The ego and the mechanisms of defense. New York: International Universities Press, 1946.

Freud, A. Introduction to Psychoanalysis for Teachers and Parents. New York: Emerson Books, 1935.

Friedenberg, E. The vanishing adolescent. New York: Dell, 1962.

Friere, P. Pedagogy of the oppressed. New York: Herter & Herter, 1972.

Funnybones. Madison, Wisconsin: Educational Manpower, n.d. (Box 4772 E, Madison, Wisconsin 53711)

Furman, R. A. & Katan, A. (Eds.) The Therapeutic Nursery School. New York: International University Press, 1969.

Gallagher, P. A. Teaching students with behavior disorders: Techniques for classroom instruction. Denver, Colorado: Love, 1979.

Gallagher, J. Classroom behavior modification techniques applied to educationally deprived, primary children. Durham, North Carolina: Duke University, 1967.

Gardner, W. I. Children With Learning and Behavioral Problems: A Behavior Management Approach. Rockleigh, New Jersey: Allyn & Bacon, 1974.

Garmezy, N. Children at risk: The search for the antecedents of schizophrenia. Part I: Conceptual models and research methods. Schizophrenia Bulletin. No. 8, Spring, 1974, 14-89.(b)

Garmezy, N. The study of competence in children at risk for severe psychopathology. In E. J. Anthony & C. Koupernik (Eds.), The child in his family: Children at psychiatric risk. New York: Wiley, 1974.(a)

Garner, H. Mental health benefits of small group experiences in the affective domain. The Journal of School Health, 1974, 54(6), 314-318.

Gast, D. L., & Nelson, C. M. Legal and ethical consideration for the use of timeout in special education settings. The Journal of Special Education, 1977, 11, 457-467.

Gaylin, W. Feelings: Our vital signs. New York: Harper & Row, 1979.

Gazda, G. M. Human relations development: A manual for educators. Boston: Allyn & Bacon, Inc., 1973.

Gensley, J. The gifted and the affective domain. Gifted Child Quarterly, 1973, 17(2), 113-115.

Gentile, J., Fraser, T., & Morris, M. Instructional applications of behavioral principles. Monterey, California: Brooks-Cole, 1973.

Ginott, H. Teacher and child. New York: Macmillan, 1971.

Ginsburg, H. The myth of the deprived child. Englewood Cliffs, New Jersey: Prentice-Hall, 1972.

Givner, A., & Graubard, P. Handbook of Behavior Modification for the Classroom. New York: Holt, Rinehart & Winston, 1974.

Glasser, W. Schools without failure. New York: Harper & Row, 1969.

Glasser, W. Reality therapy. New York: Harper & Row, 1965.

Glavin, J. P., & DeGirolamo, G. Spelling errors of withdrawn and conduct problem children. Journal of Special Education, 1970, 4, 199-204.

Gnagey, W. J. The psychology of discipline in the classroom. New York: Macmillan, 1968.

Goffman, E. Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs, New Jersey: Prentice-Hall, 1963.

Goldiamond, I. Moral behavior: A functional analysis. Psychology Today, 1968, 2(4), 31-34, 70.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., Klein, P. Skillstreaming the adolescent: A structure learning approach to teaching prosocial skills. Research Press Co., 2612 North Mattis Ave., Champaign, Illinois 61820, 1980.

Goldstein, H. Social learning curriculum. Columbus, Ohio: Charles Merrill, 1974.

Goodman, P. Growing up absurd. New York: Random House, 1960.

Goodman, P. Compulsory miseducation and the Community scholars. New York: Vintage, 1964.

Goodwin, S. E., & Mahoney, M. J. Modification of aggression through modeling: An experimental probe. Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 200-202.

Gordon, S. Living fully: A guide for young people with a handicap, their parents, their teachers, and professionals. New York: John Day, 1975.

Gordon, S. Missing in special education: Sex. Journal of Special Education, 1971, 5(4), 351-354.

Gordon, T. Teacher Effectiveness Training. New York: David McKay, 1975.

Gorsuch, R. L., & Butler, M. B. Initial drug abuse: A review of predisposing social psychological factors. Psychological Bulletin, 1976, 83, 120-137.

Gove, W. (Ed.). The labeling of deviance: Evaluating a perspective. New York: Halstead Press, 1975.

Gove, W. Societal reaction as an explanation of mental illness: An evaluation, American Sociological Review, 1970, 35(5), 873-888.

Graubard, A. Free the Children: Radical reform and the free school movement. New York: Random House, 1972.

Graubard, P. S. The use of indigenous grouping as the reinforcing agent in teaching disturbed delinquents to learn. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom (2nd ed.), Belmont, California: Wadsworth, 1971.(a)

Graubard, P. S. The relationship between academic achievement and behavior dimensions. Exceptional Children, 1971, 37, 755-757.(b)

Graziano, A. Behavior therapy with children, II. Chicago, Illinois: Adline, 1976.

Green, H. I never promised you a rose garden. New York: Signet, 1964.

Greenfield, Josh. A Child Called Noah. New York: Warner Paper Library, 1973.

Greer, M. & Rubenstein, B. Will the real teacher please stand up? A primer in humanistic education. Pacific Palisades, California: Goodyear Publishing, 1972.

Grossman, H. Nine rotten, lousy kids. New York: Holt, Rinehart & Winston, 1972.

Grossman, H. Teaching the emotionally disturbed: A casebook. New York: Holt, Rinehart, & Winston, 1965.

Haley, J. Changing families: A family therapy reader. New York: Grune & Stratton, 1971.

Hall, R. V. Managing behavior. Lawrence, Kansas: H. N. H. Enterprises, 1971.

Hall, R. V., & Broden, M. Behavior changes in brain-injured children through social reinforcement. Journal of Experimental Child Psychology, 1967, 5, 463-479.

Hallahan, D. P., & Kauffman, J. M. Categories, labels, behavioral characteristics: ED, LD, and EMR reconsidered. Journal of Special Education, in press.

Hammill, D. D., & Bartel, N. R. Teaching Children With Learning and Behavior Problems. (Second Ed.) Boston: Allyn & Bacon, 1978.

Hardison, O. Toward freedom and dignity. Baltimore, Maryland: Johns Hopkins University Press, 1972.

Hargreaves, D. H. Deviance in Classrooms. Boston, Massachusetts: Routledge & Kegan Paul, 1975.

Haring, N. (Ed.) Behavior of Exceptional Children. Columbus: Merrill, 1978.

Haring, N. G., Norris F. Haring. In J. M. Kauffman & C. D. Lewis (Eds.), Teaching children with behavior disorders: Personal perspectives. Columbus, Ohio: Charles E. Merrill, 1974.(b)

Haring, N., & Phillips, E. Analysis and Modification of Classroom Behavior. Englewood Cliffs, New Jersey: Prentice-Hall, 1972.

Haring, N., & Blake, P. R. "Teaching the Emotionally Disturbed." In R. Travers (Ed.), Second Handbook of Research on Teaching. Chicago: Rand McNally College Publishing Co., 1973.

Haring, N. G. Social and emotional behavior disorders. In N. G. Haring (Ed.), Behavior of exceptional children: An introduction to special education. Columbus, Ohio: Charles, E. Merrill, 1978.

Haring, N., & Phillips, E. Educating Emotionally Disturbed Children. New York: McGraw-Hill, 1962.

Harris, M. Classroom Uses of Behavior Modification. Columbus, Ohio: Charles E. Merrill, 1972.

Harth R., & Morris, S. Group processes for behavior change. TEACHING Exceptioral Children, 1976, 8(4), 136-139.

Heber, R., & Nardine, E. Discover: Self and society. Chicago: Follett Publishing Company, n.d.

Hendricks, G., & Fadiman, J. Transpersonal education. Englewood Cliffs, New Jersey: Prentice-Hall, 1976.

Hentoff, N. Our children are dying. New York: Viking, 1966.

Herbert, M. Emotional Problems of Development in Children. New York: Academic Press, 1974.

Herndon, J. How to survive in your native land. New York: Simon & Schuster, 1971.

Herndon, J. Way it spozed to be. New York: Simon & Schuster, 1966.

Hersh, R. H., Paolitto, D. P., & Reimer, J. Promoting moral growth. New York: Longman, 1979.

Hetherington, E. M. & Martin, B. Family interaction and psychopathology in children. In H. B. Quay & J. S. Werry (Eds.) Psychopathological disorders of childhood. New York: Wiley, 1972.

Heward, W., Pardig, J., & Rossett, A. Working with parents of handicapped children. Columbus, Ohio: Charles E. Merrill, 1979.

Hewett, F. M., & Taylor, F. D. The emotionally disturbed child in the classroom: The orchestration of success (2nd ed.). Boston: Allyn & Bacon, 1980.

Hewett, F. M. Punishment and educational programs for behaviorally disordered and emotionally disturbed children and youth: A personal perspective. In F. H. Wood & K. B. Lakin (Eds.), Punishment and aversive stimulation in special education: Legal, theoretical and practical issues in their use with emotionally disturbed children and youth. Minneapolis: University of Minnesota Press, 1978.

Hewett, R. The Emotionally Disturbed Child in the Classroom. Boston: Allyn & Bacon, 1968.

Hewett, F. M. Educational engineering with emotionally disturbed children. Exceptional Children, 1967, 33, 459-471.

Hewett, F. M. A hierachy of competencies for teachers of emotionally handicapped children. Exceptional Children, 1966, 33, 7-11.

Hickerson, N. Education for alienation. Englewood Cliff, New Jersey: Prentice-Hall, 1966.

Hill, R. A. Ethical/moral action instructional program. Philadephia: Research for Better Schools Publications, Inc. 1975.

Hobbs, N. The futures of children. San Francisco: Jossey-Bass, 1975.

Hobbs, N. Re-education, reality, and responsibility. In J. W. Carter (Ed.), Research contributions from psychology to community mental health. New York: Behavioral Publications, 1968.

Hobbs, N. Helping the disturbed child: Psychological and ecological strategies. American Psychologist, 1966, 21, 1105-1115.

Hobbs, N. How the Re-Ed plan developed. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom. Belmont, California: Wadsworth, 1965.

Hoffman, E. The American public school and the deviant child: The origins of their involvement. Journal of Special Education, 1975, 9, 415-423.

Hoffman, E. Treatment of deviance by the educational system. In W. Rhodes & S. Head, (Eds.) A study in child variance, Vol. 3, Service Delivery Systems. Ann Arbor: University of Michigan Press, 1974.

Hoffman, M. L. Moral development. In P. H. Mussen (Ed.), Manual of child psychology (Vol. 2, 3rd ed.). New York: Wiley, 1970.

Holt, J. Escape from childhood. New York: Ballantine, 1974.

Homme, L., Et al. How to use contingency contracting in the classroom. Champgaign, Illinois: Research Press, 1969.

Howe, S. G. Third and final report of the Experimental School for Teaching and Training Idiotic Children; also, the first report of the trustees of the Massachusetts School for Idiotic and Feeble-minded Youth. American Journal of Insanity, 1852, 9, 20-36.

Hudgins, E. W. Examining the effectiveness of affective education. Psychology in the Schools, 1979, 16(4), 581-585.

Hunter, C. An interpersonal relations and group process approach to affective education for young children. Journal of School Psychology, 1977, 15(2), 141-151

Itard, J. M. G. The wild boy of Aveyron. (George & Muriel Humphrey, Trans.) Appleton-Century-Crofts (Prentice-Hall), 1962.

Jackson, D. L. How to Establish a Behavior Observation System. Englewood Cliffs, New Jersey: Education Technology, 1975.

Jackson, P. Life in classrooms. New York: Holt, Rinehart & Winston, 1968.

Jacob, T. Family interaction in disturbed and normal families: A methodological and substantive review. Psychological Bulletin, 1975, 82, 33-65.

Jenkins, R., & Harms, E. (Eds.) Understanding Disturbed Children. Seattle, Washington: Special Child Publications, 1976.

Jenkins, R. Behavior Disorders of Childhood and Adolescence. Springfield, Illinois: Charles C. Thomas, 1973.

Jernberg, A. M. Theraplay: A new treatment using structure play for problem children and their families. San Francisco: Jossey-Bass, 1979.

Jessup, M., & Kiley, M. Discipline: Positive Attitudes for Learning. Englewood Cliffs, New Jersey: MacMillan Publishing Co., 1970.

Johnson, L. V., & Bany, M. A. Classroom Management: Theory and Skill Training. Riverside, New Jersey: MacMillan Publishing Co., 1970.

Jones, R. Fantasy and feeling in education. New York: New York University Press, 1968.

Jones, V. F. Classroom discipline: Creating positive environments and solving problems. Boston: Allyn & Bacon, 1980.

Jones, V. F. Adolescents with Behavior Problems: Strategies for teaching, counseling, and parent involvement. Boston: Allyn & Bacon, 1980.

Josselyn, I. The happy child. New York: Random House, 1955.

Journal for the Council on Children with Behavioral Disorders, 1979, 4(2), entire volume.

Juul, K. European approaches and innovations in serving the handicapped. Exceptional Children, 1978, 44(5), 322-330.

Kallan, L. Teacher's rights and liabilities under the law. New York: Arco, 1971.

Kanfer, F., & Phillips, J. Learning foundations of behavior therapy. New York: John Wiley, 1970.

Karlin, M., & Berger, R. Discipline and the Disruptive Child: A Practical Guide for Elementary Teachers. Englewood Cliffs, New Jersey: Prentice-Hall, 1972.

Kaltz, G., & Bushnell D. Meeting special needs through environmental education. TEACHING Exceptional Children, 1979, 11(3), 110-113.

Kauffman, J. M. Characteristics of children's behavior disorders. Columbus, Ohio: Charles Merrill, 1977.

Kauffman, J. M., LaFleur, N. K., Hallahan, D. P., & Chanes, C. M. Imitation as consequence for children's behavior: Two experimental case studies. Behavior Therapy, 1975, 6, 535-542.

Kauffman, J. M., & Hallahan, D. P. The medical model and the science of special education. Exceptional Children, 1974, 41-97-102.

Kauffman, J. M., Epstein, M. H., & Chlebnikow, B. Emotionally disturbed boys' work for self and others. Child Study Journal, in press.

Keller, F. S., & Ribes-Inesta, E. Behavior Modification: Applications to Education. New York: Academic Press, 1974.

Kennedy, W. A. School phobia: Rapid treatment of fifty cases. Journal of Abnormal Psychology, 1965, 79, 285-289.

Kernston, K. All our children. New York: Harcourt Brace Jovanovich, 1977.

Kessler, J. W. Nosology in child psychopathology. In H. E. Rie (Ed.), Perspectives in child psychopathology. Chicago: Aldine-Atherton, 1971.

Key, E. The century of the child. New York: Putnam, 1909.

Kittrie, N. N. The right to be different: Deviance and enforced therapy. Baltimore: Johns Hopkins Press, 1971.

Kirk, S. A. Educating exceptional children (2nd ed.). Boston: Houghton Mifflin, 1972.

Klein, P., & Cantor, L. Gifted children and their self concept. Creative Child and Adult Quarterly, 1976, 1, 98-101.

Knoblock, P. Open education for emotionally disturbed children. Exceptional Children, 1973, 39, 358-365.

Knoblock. P. A new humanism for special education: The concept of the open classroom for emotionally disturbed children. In P. A. Gallagher & L. L. Edwards (Eds.), Educating the emotionally disturbed: Theory to practice. Lawrence, Kansas: University of Kansas, 1970.

Knoblock, P. (Ed.) Intervention approaches in educating emotionally disturbed children. Syracuse, New York: Syracuse University Press, 1966.

Knoblock, P., & Johnson, J. L. (Eds.). The teaching-learning process in educating emotionally disturbed children. Syracuse, New York: Syracuse University Press, 1967.

Kohl, H. The open classroom. New York: Vintage, 1970.

Kohlberg, L. & Selman, R. First things: Values. Pleasantville, New York: Guidance Associates, 1976.

Kohlberg, L., & Selman, R., Byrne, D., & Low, A. First things: Social development. Pleasantville, New York: Guidance Associates, 1975.

Kohlberg, L. Education for justice: A modern statement of the Platonic view. In N. F. Sizer and T. R. Sizer (Introductory statements). Moral education: Five lectures. Cambridge, Massachusetts: Harvard University Press, 1970.

Kohlberg, L. Moral education in the school. School Review, 1966, 74, 1-30.

Kohlberg, L. Development of moral character and moral ideology. In M. L. Hoffman & L. W. Hoffman (Eds.), Review of child development research (Vol. I). New York: Russell Sage Foundation, 1964.

Kohlberg, L., & Gilligan, C. The adolescent as a philosopher. The discovery of the self in a postconventional world. In J. Kagan, & R. Coles, (Eds.), 12 to 16: Early adolescence. New York: W. W. Norton, 144-179.

Kohut, S., & Range, D. G. Classroom discipline: Case studies and viewpoints. Washington, D.C.: National Education Association, 1975.

Kolvin, I. "Aversive imagery" treatment in adolescents. Behavior Research and Therapy. 1967, 5, 245-248.

Kounin, J. S. Discipline and Group Management in Classrooms. Huntington, New York: Krieger Publishing Co., 1977.

Jounin, J. S., & Gump, P. V. The ripple effect in discipline. The Elementary School Journal, 1958, 59, 158-162.

Kozol, J. The night is dark and I am far from home. New York: Houghton Mifflin, 1975.

Kozol, J. Free schools. Boston: Houghton Mifflin, 1972.

Kozol, J. Death at an early age. New York: Bantam, 1967.

Kress, G., & Groper, A. Managing problem behavior in the classroom. New York: Appleton-Century-Crofts, 1972.

Krumboltz, J., & Krumboltz, H. Changing Children's Behavior. Englewood Cliffs, New Jersey: Prentice-Hall, 1972.

Kunbany, E. S., Weiss, L. E., & Sloggett, B. B. The good behavior clock: A reinforcement/time-out procedure for reducing disruptive classroom behavior. Journal of Behavior Therapy and Experimental Psychiatry, 1971, 2, 173-179.

Kurtines, W., & Grief, E. B. The development of moral thought: Review and evaluation of Kohlberg's approach. Psychological Bulletin, 1974, 81, 453-470.

Kuypers, D. S., Becker, W. C., & O'Leary, K. D. How to make a token system fail. Exceptional Children, 1968, 35, 101-109.

LaBenne, W. D. Cure is in the Cause: A Human Approach to Child Discipline. Ann Arbor, Michigan: Ann Arbor Publications, 1971.

Labey, B. B., McNees, M. P., & McNees, M. C. Control of an obscene "verbal tie" through timeout in an elementary school classroom. Journal of Applied Behavior Analysis, 1973, 6, 101-104.

Laing, R. D. The divided self. New York: Pantheon Books, 1969.

Laing, R. D. The politics of experience. New York: Pantheon, Books, 1967.

Lasher, M., Mattick, I., & Perkins, F. Children with emotional disturbance Washington, D.C.: Department of Health, Education and Welfare, 1978. (DHEW Pub. No. (OHDS) 78-31115)

Latner, J. The gestalt therapy book. New York: Julian Press, 1973.

Lazarus, A. A., Davison, G. B., & Polefka, D. A. Classical and operant factors in the treatment of a school phobia. Journal of Abnormal Psychology, 1965, 70, 225-229.

Lazarus, A. A., & Abramovitz, A. The use of "emotive imagery" in the treatment of children's phobias. Journal of Mental Science, 1962, 108, 191-195.

Lee, B. Curriculum design: The Re-education approach. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom (2nd ed.). Belmont, California: Wadsworth, 1971.

Leizer, J. I., & Rogers, R. W. Effects of methods of discipline, timing of punishment, and timing of test on resistance to temptation. Child Development, 1974, 45, 790-793.

Leonard, G. B. Education and estasy. New York: Dell, 1968.

Levine, D., & Havighurst, R. Farewell to schools? Worthington, Ohio: Charles Jones Publishing, 1971.

Levy, L., & Rowitz, L. The ecology of mental disorder. New York: Behavioral Publications, 1973.

Lilly, John C. The center of the cyclone. New York: Julian Press, 1972.

Linton, T. E. The European educateur model: An alternative and effective approach to the mental health of children. Journal of Special Education, 1970, 3, 319-327.

Linton, T. E. The European educateur program for disturbed children. American Journal of Orthopsychiatry, 1969, 39, 125-133.

Lobitz, C. W., & Johnson, S. M. Parental manipulation of the behavior of normal and deviant children. Child Development, 1975, 46, 719-726.

Lockwood, A. L. The effects of values clarification and moral development curricula on school-age subjects: A critical review of recent research. Review of Educational Research, 1978, 48(3), 325-364.

Loevinger, J. Ego development. San Francisco: Jossey-Bass, 1976.

Lofland, J. Deviance and identity. Englewood Cliffs, New Jersey: Prentice-Hall, 1969.

Loney, J. The intellectual functioning of hyperactive elementary school boys: A cross-sectional investigation. American Journal of Orthopsychiatry, 1974, 44, 754-762.

Long, N. J., Morse, W. C., & Newman, R. G. Conflict in the Classroom: The Education of Children With Problems. (Third Ed.) Belmont, California: Wadsworth Publishing Co., 1980.

Long, J. D., & Frye, V. H. Making It 'Til Friday: A Guide to Successful Classroom Management. Princeton, New Jersey: Princeton Book Co., 1977.

Long, N. J., & Newman, R. G. Managing surface behavior of children in school. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.) Conflict in the classroom. Belmont, California: Wadsworth, 1965.

Lorenz, K. On aggression. New York: Bantam Books, 1967.

Lovaas, O. I., & Bucher, B. D. Perspectives in Behavior Modification With Deviant Children. Englewood Cliffs, New Jersey: Prentice-Hall, 1974.

Lovaas, O. I. A behavior therapy to the treatment of childhood schizophrenia. In J. P. Hill (Ed.), Minnesota symposia on child psychology. Minneapolis: University of Minnesota Press, 1967.

Lovaas, O. I., Freitag, G., Gold, V. J., & Kassorla, I. C. Experimental studies in childhood schizophrenia: Analysis of self-destructive behavior. Journal of Experimental Child Psychology, 1965, 2, 67-84.

Love, L. R., & Kaswan. Trouble Children: Their Families, Schools, and Treatment. New York: John Wiley, 1974.

Love, H. D. The Emotionally Disturbed Child: A Parent's Guide, For Parents Who Have Problem Children. Springfield, Illinois: C. C. Thomas, 1970.

Lovitt, T. C. In spite of my resistance I've learned from children. Columbus, Ohio: Charles E. Merrill, 1977.

Lovitt, T. C. Self-management projects with children with behavioral disabilities. Journal of Learning Disabilities. 1973, 6, 138-150.

Lovitt, T. C., & Smith, J. O. Effects of instructions on an individual's verbal behavior. Exceptional Children, 1972. 33, 685-693.

Lupin, M. Peace, harmony, awareness: A relaxation program for children. Austin, Texas: Learning Concepts, 1977.

MacCracken, Mary. A Circle of Children. New York: J. B. Lippincott, 1973.

MacDonald, W. S. Battle in the Classroom: Innovations in Classroom Techniques. New York: Intext Educational Publications, 1971.

Mackie, R. P., Kvaraceus, W. C., & Williams, H. M. Teachers of children who are socially and emotionally maladjusted. Washington, D.C.: Office of Education, U. S. Department of Health, Education, and Welfare, 1957.

MacMillan, D. L. Behavior Modification: A Practical Guide. Riverside, New Jersey: MacMillan Publishing Co., 1973.

MacMillan, D. L., Forness, S. R., & Turmbull, B. M. The role of punishment in the classroom. Exceptional Children, 1973, 40, 85-96.

Madsen, C., & Madsen, C. Teaching-Discipline: A Positive Approach for Educational Development. (Second Ed.) Rockleigh, New Jersey: Allyn & Bacon, 1974.

Madsen, C. H., Becker, W. C., Thomas, D. R., Koser, L., & Plager, E. An analysis of the reinforcing function of "sit-down" commands. In R. K. Parker (Ed.). Readings in educational psychology. Boston: Allyn & Bacon, 1970.

Madsen, C. H. Positive reinforcement in the toilet training of a normal child: A case report. In L. P. Ullmann & L. Krasner (Eds.), Case studies in behavior modification. New York: Holt, Rinehart, & Winston, 1965.

Mahler, M. S. On child psychosis and schizophrenia. Psychoanalytic Study of the Child, 1952, 7, 286-305.

Mahoney, M. J. Cognition and Behavior Modification. Cambridge, Massachusetts: Ballinger, 1974.

Marais, E. The soul of the ape. New York: Atheneum, 1969.

Markel, G., & Greenbaum, J. Parents are to be seen and heard: Assertiveness in educational planning for handicapped children. San Luis Obispo, California: Impact, 1979.

Martin, R., & Lauridsen, D. Developing student discipline and motivation: A series for teacher in-service training. Champaign, Illinois: Research Press, 2612 N. Mattis Avenue, 1980.

Martin, R., & Lauridsen, D. Developing Student Discipline and Motivation. Champaign, Illinois: Research Press Co., 1974.

Maslow, A. H. Motivation and personality. New York: Harper & Row, 1970.

Maslow. A. Some educational implications of the humanistic psychologies. Harvard Educational Review, 1968, 38, 385-696.

Maslow, A. Toward a psychology of being. New York: Van Nostrand, 1962.

Matza, D. Becoming A Deviant. Englewood Cliffs, New Jersey: Prentice-Hall, 1969.

Maudsley, H. The pathology of the mind. New York: Appleton, 1880.

Mayer, C. Understanding young children: Emotional and behavioral development and disabilities. Urbana, Illinois: Publications Office/IREC, College of Education, University of Illinois, 1974.

McCaffrey, L., & Cumming, J. Persistence of emotional disturbances reported among second and fourth grade children. In H. Dupont (Ed.), Educating emotionally disturbed children: Readings. New York: Holt, Rinehart, & Winston, 1969.

McCarthy, J. M., & Paraskeyvopoulos, J. Behavior patterns of learning disabled, emotionally disturbed, and average children. Exceptional Children, 1969, 36, 69-74.

McGee, C. S., Kauffman, J. M., & Nussen, J. Children as therapeutic change agents: Reinforcement intervention paradigms. Review of Educational Research, in press.

McGivern, P. F. Comparative Case Studies of Deviant Adolescents in a Special Residential School Employing Psychodynamic and Behavioral Approaches to Education. An unpublished doctoral dissertation. Cleveland, Ohio: Case Western Reserve University, 1979.

McKinney, J. D., Mason, J., Perkerson, K., & Clifford M. Relationship between classroom behavior and academic achievement. Journal of Educational Psychology. 1975, 67, 198-203.

Medway, F., & Smith, R. C., Jr. An examination of contemporary elementary school affective education programs. Psychology in Schools, 1978, 15(2).

Meichenbaum, D. Cognitive-behavior modification: An integrative Approach, New York: Plenum Pres,, 1977.

Meichenbaum, D. H., & Goodman, J. Training impulsive children to talk to themselves. Journal of Abnormal Psychology, 1971, 77, 115-126.

Meichenbaum, D. H., & Bowers, J. S., & Ross, R. R. A behavioral analysis of teacher expectancy effect. Journal of Personality and Social Psychology, 1969, 13, 306-316.

Meichenbaum, D. H., & Goodman, J. Reflection-impulsivity and verbal control of motor behavior. Child Development, 1969, 40, 785-797.

Memo to Superintendent from Deputy Attorney General Kenneth P. H. Nam, October 29, 1980. Hawaii State Department of Education.

Merbaum, M. The modification of self-destructive behavior by a mother-therapist using aversive stimulation. Behavior Therapy, 1973, 4, 442-447.

Miller, J. P. Humanizing the classroom. New York: Praeger Publishers, 1976.

Miller, L. C. Dimensions of psychopathology in middle childhood. Psychological Reports, 1967, 21, 897-903.

Millman, H. L., Schaefer, C. E., & Cohen, J. J. Therapist for school behavior problems, Jossey-Bass, San Francisco, 1980.

Millon, T. (Ed.) Theories of psychopathology. Philadelphia: Saunders, 1967.

Minde, K., Lewin, D., Weiss, G., Lavigueur, LL., Douglas, V., & Skyes, E. The hyperactive child in elementary school: A 5 year, controlled, followup. Exceptional Children. 1971, 38, 215-221.

Montenegro. H. Severe separation anxiety in two preschool children Successfully treated by reciprocal inhibition. Journal of Child Psychology and Psychiatry, 1968, 9, 93-103.

Mopsik, S., & Agard, J. Handbook for parents of handicapped children. Cambridge, Massachusetts: AGT Books, 1978.

Morena, D. A., & Litrownik. A. J. Self-concept in educable mentally retarded and emotionally handicapped children: Relationship between behavioral and self-report indices and an attempt at modification. Journal of Abnormal Child Psychology, 1974, 2, 281-292.

Morgan, S. R. A model of the empathic process for teachers of emotionally disturbed children. American Journal of Orthopsychiatry, 1979, 49(3), 446-453.

Morreau, L. E., & Daley, M. Behavioral Management in the Classroom. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Morse, W. C. Worksheet on life space interviewing. In N. J. Long, W. C. Morse & R. G. Newman (Eds.) Conflict in the classroom: The education of emotionally disturbed children (4th ed.). Belmont, California: Wadsworth, 1980.

Morse, W. C., Ardizzone, J., McDonald, C., Pasick, P. Affective Education for Special Children and Youth. Reston, Virginia: Council for Exceptional Children, 1980.

Morse, W. C. The teacher and assessment of socioemotional deviance. In D. A. Sabatino, & T. Miller, (Eds.). Describing learner characteristics of handicapped children and youth. New York: Grune & Stratton, 1979.

Morse, W. C. Self control: The Fagen-Long curriculum. Behavior Disorders. February 1979, entire issue.

Morse, W. C. The schools and mental health of children and adolescents. In I. N. Berlin, (Ed.). Advocacy for child mental health. New York: Brunner/Mazel, 1975.

Morse, W. C. Crisis intervention in school mental health and special classes for the disturbed in N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom (2nd ed.), Belmont, California: Wadsworth, 1971.(b)

Morse, W. C. The education of socially maladjusted and emotionally disturbed children. In. W. M. Cruickshank & G. O. Johnson (Eds.) Education of exceptional children and youth (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1967.

Morse, W. C. The crisis teacher. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom. Belmont, California: Wadsworth, 1965.(b)

Morse, W. C., & Wineman, D. Group interviewing in a camp for disturbed boys. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom. Belmont, California: Wadsworth, 1965.

Morse, W. C. Intervention techniques for the classroom teacher, In P. Knoblock (Ed.), Educational programming for emotionally disturbed children: The decade ahead. Syracuse, New York: Syracuse University Press, 1965.(a)

Morse, W. C., Cutler, R. L., & Fink, A. H. Public school classes for the emotionally handicapped: A research analysis. Washington, D.C.: Council for Exceptional Children, 1964.

Morse, W. C. The development of a mental hygiene milieu in a camp program for disturbed boys. American Journal of Orthopsychiatry, 1953, 23, 826-833.

Mosher, L. R., & Gunderson, J. G. The study of children at risk -- a research strategy whose time has come. Schizophrenia Bulletin, No. 8, spring, 1974, p. 13.

Motto, J. J., & Wilkins, G. S. Educational achievement of institutionalized emotionally disturbed children. Journal of Educational Research, 1968, 61, 218-221.

Moustakas, C. R. Children in play therapy. New York: McGraw-Hill, 1953.

Neale, J. M., & Weintraub, S. Children vulnerable to psychopathology: The Stony Brook High-Risk Project. Journal of Abnormal Child Psychology, 1975, 3, 95-113.

Neill, A. S. Summerhill. New York: Hart, 1960.

Nelson, C. M., & Kauffman, J. M. Educational programming for secondary school age delinquent and maladjusted pupils. Behavior Disorders, 1977, 2, 102-113.

Nelson, C. M. Techniques for screening conduct disturbed children. Exceptional Children, 1971, 37, 501-507.

Neufeld, John. Lisa, Bright and Dark. New York: S. G. Phillips, 1969.

Newman, R. G. Groups in Schools. New York: Simon & Schuster, 1974.

Nolan, J., & Pence, C. Operant conditioning principles in the treatment of a selectively mute child. Journal of Consulting and Clinical Psychology, 1970, 35, 265-268.

Norman, A., & Broman, H. J. Volume feedback and generalization techniques in shaping speech of an electively mute boy: A case study. Perceptual and Motor Skills, 1979, 31, 463-470.

Nospitz, J. D. (ed.). Basic Handbook of Child Psychiatry. New York: Basic Books, in press.

Nowicki, S. J., & Strickland, B. R. A locus of control scale for children. Journal of Consulting and Clinical Psychology, 1974, 40, 148-154.

Obler, M., & Terwillinger, R. G. Pilot study of the effectiveness of systematic desensitization with neurologically impaired children with phobic disorders. Journal of Clinical and Consulting Psychology, 1970, 34, 314-318.

O'Brien, M. C. The Non-Coping Child: A Handbook for the teacher of the failing child, Novato, California: Academic Therapy Publications, 1978.

O'Connor, R. D. Relative efficacy of modeling, shaping, and the combined procedures for modification of social withdrawal. Journal of Abnormal Psychology, 1972, 79, 327-334.

O'Connor, R. D. Modification of social withdrawal through symbolic modeling. Journal of Applied Behavior Analysis, 1969, 2, 15-22.

O'Dell, S. Training parents in behavior modification: A review. Psychological Bulletin, 1974, 81, 418-433.

Oden, S., & Asher, S. Coaching children in social skills for friendship making. Child Development, 1977, 48, 495-506.

Ojemann, R. Investigations on the effects of teaching an understanding and appreciation of behavior dynamics. In G. Caplan, (Ed.), Prevention of mental disorders in children. New York: Basic Books, 1961.

O'Leary, K. D., & O'Leary, S. G. Classroom Management: The Successful Use of Behavior Modification. (Second Ed.) New York: Pergamon, 1977.

O'Leary, K. D., & Wilson, G. T. Behavior therapy: Application and outcome. Englewood Cliffs, New Jersey: Prentice-Hall, 1975.

O'Leary, K. D., & O'Leary, S. G. (Eds.) Classroom management: The successful use of behavior modification. New York: Pergamon, 1972.

O'Leary, K. D. The assessment of psychopathology in children. In H. C. Quay & J. S. Werry (Eds.) Psychopathological disorders of childhood. New York: Wiley, 1972.

O'Leary, K. D., Kaugman, K., Kass, R. E., & Frabman, R. The effects of loud and soft reprimands on the behavior of disruptive students. Exceptional Children, 1970, 37-145-155.

O'Rourke, R. Yes, we can help kids relax. Learning. December 1976, 24-25.

Palkes, H., & Stewart, M. Intellectual ability and perfomance of hyperactive children. American Journal of Orthopsychiatry, 1972, 42, 35-39.

Palkes, H., Stewart, M., & Kahana, M. Porteus maze performance of hyperactive boys after training in self-directed verbal commands. Child Development, 1968, 39, 817-826.

Park, C. C. The siege. Boston: Little, Brown, 1972.

Parkison, J. Observations on the excessive indulgency of children, particulary intended to show its injurious effects on their health, and the difficulties it occasions in their treatment during sickness. London: Symonds, et al., 1980. In R. Hunter & I. Macalpine (Eds.) Three hundred years of psychiatry, 1835-1860. London: Oxford University Press, 1963.

Parsons, W. Gestalt approaches to counseling. New York: Holt, Rinehart, & Winston, 1975.

Patterson, G. Families: Application of social learning to family life. Champaign, Illinois: Research Press, 1971.

Patterson, G. R., Reid, J. B., Jones, R. R., & Conger, R. E. A social learning approach to family intervention (Vol. I: Families with aggressive children). Eugene, Oregon: Castalia, 1975.

Patterson, G. R. The aggressive child: Victim or architect of a coercive system? In L. A. Hamerlynck, L C., Handy, & El J. Mash (Eds.), Behavior modification and families. New York: Brunner/Mazell, 1975.

Patterson, G. R. Reprogramming the families of aggressive boys. In C. Thoresen (Ed.), Behavior modification in education. Seventy-second yearbook of the National Society for the Study of Education, Part I. Chicago: University of Chicago Press, 1973.

Patterson, G. R., Cobb, J. A., & Ray, R. S. Direct intervention in the classroom: A set of procedures for the aggressive child. In F. W. Clark, D. R. Evans, & L. A. Hammerlynck (Eds.), Implementing behavioral programs in schools and clinics. Champaign, Illinois: Research Press, 1971.

Patterson, G. R. Families. Champaign, Illinois: Research Press, 1971.

Patterson, G. R., Shaw, D. A., & Ebner, M. J. Teachers, peers, and parents as agents of change in the classroom. In F. A. M. Benson (Ed.), Modifying deviant social behaviors in various classroom settings. Eugene, Oregon: University of Oregon Department of Special Education, 1969.

Patterson, G., & Gullian, M. Living with children: New methods for parents and teachers. Champaign, Illinois: Research Press, 1968.

Patterson, G. R., Littman, R. A., & Brickers, W. A. Assertive behavior in children: A step toward a theory of aggression. Monographs of the Research in Child Development, 1967, 32 (5), 1-43, (Serial No. 113).

Patterson, G. R. An application of conditioning techniques to the control of a hyperactive child. In L. P. Ullman & L. Krasner (Eds.), Case studies in behavior modification. New York: Holt, Rinehart & Winston, 1965.

Patterson, G. R. A learning theory approach to the treatment of the school phobic child. In L. P. Ullman & L. Krasner (Eds.), Case studies in behavior modification. New York: Holt, Rinehart, & Winston, 1965(a).

Patterson, G. R. An empirical approach to the classification of disturbed children. Journal of Clinical Psychology. 1964, 20, 326-337.

Paul, J. L., & Pappanikov, A. J. (Eds.) Mainstreaming Emotionally Disturbed Children. Syracuse, New York: Syracuse University Press, 1977.

Paul, J. L., & Epanchin, B. C. Emotional Disturbance in Children, Columbus, Ohio: Charles E. Merrill, 1982.

Pavlov, I. Lectures on conditioned reflexes, Vols. I & II. New York: International universities Press, 1941.

Payne, J. S., Kauffman, J. M., Brown, G. B., & DeMott, R. M. Exceptional children in focus. Columbus, Ohio: Charles E. Merrill, 1974.

Payne, J. S., Polloway, E. A., Kauffman, J. M., & Seranton, T. R. Living in the classroom: The currency-based token economy. New York: Human Sciences Press, 1975.

Pearson, C. Resolving Classroom Conflict. Palo Alto, California: Learning Handbooks, 1974.

Pearson, G. H. J. Psychoanalysis and the education of the child. New York: Norton, 1954.

Perls, F. The Gestalt approach and eyewitness to therapy. New York: Bantam, 1976.

Personal feelings about yourself. Troy, Michigan: Educational Corporation of American, n.d. (984 Livernois Road, Troy, Michigan 48084).

Peterson, D. R. Behavior problems of middle childhood. Journal of Consulting Psychology, 1961, 25, 205-209.

Peterson, D. R., Becker, W. C., Shoemaker, D. J., Luria, Z., & Hellmer, L. A. Child behavior problems and parental attitudes. Child Development, 1961, 32, 151-162.

Phillips, B. School stress and anxiety. New York: Human Sciences Press, 1978.

Phillips, E., & Wiener, D. Short term psychotherapy and structured behavior change. New York: McGraw-Hill, 1966.

Phillips E. L. Problems in educating emotionally disturbed children. In N. G. Haring & R. L. Schiefelbusch (Eds.), Methods in special education, New York: McGraw-Hill, 1967.

Phillips, E. L., & Haring, N. G. Results from special techniques for teaching emotionally disturbed children. Exceptional Children, 1959, 26, 64-67.

Phillips, L., Graguns, J. G., & Bartlett, D. P. Classification of behavior disorders. In N. Hobbs (Ed.), Issues in the classification of children (Vol. I), San Francisco: Jossey-Bass, 1975.

Phillips, M. Conflict education: The hidden curriculum, and the gifted child. Delta Kappan, 1976, 58(3), 238-240.

Piaget, J., & Inhelder, B. The psychology of the child. New York: Basic Books, 1969.

Piaget, J. Six psychological studies. New York: Random House, 1967.

Piaget, J. The moral judgment of the child. (Marjorie Gabain, Trans.) New York: Free Press, 1965. (Originally published, 1932.)

Piaget, J. Origins of intelligence in children. New York: Norton, 1963.

Piaget, J. The moral judgement of the child. Clencoe, Illinois: Free Press, 1948.

Pick, A. D., Christy, M. D., & Frankel, G. W. A developmental study of visual selective attention. Journal of Experimental Child Psychology, 1972, 14, 165-175.

Pietzner, C. Aspects of creative education. Aberdeen: Published for the Camphill Movement, Aberdeen University Press, 1966.

Pimm, J. B., Quay, H. C., & Werry, J. S. Dimensions of problem behavior in first grade children. Psychology in the Schools, 1967, 4, 155-157.

Pitts, C. (Ed.) Operant conditioning in the classroom. New York: Thomas Y. Crowell, 1971.

Platt, Kin. The Boy Who Could Make Himself Disappear. New York: Dell, 1971.

Polsgrove, L. Self control: Methods for child training. Journal of the Council for Children with Behavioral Disorders, 1979, 4(2), 116-130.

Postman, N., & Weigartner, C. Teaching As a Subversive Activity. New York: Dell, 1969.

Poteet, J. Behavior modification: A practical guide for teachers. Minneapolis, Minnesota: Burgess, 1973.

Premack, D. A. A functional analysis of language. Journal of the Experimental Analysis of Behavior, 1970, 14, 107-125.

Premack, D. A. Toward empirical behavior laws I. Positive reinforcement. Psychological Review, 1959, 6, 219-233.

Prescott, D. A. Emotions and the educative process. Washington, D.C.: American Council on Education, 1938.

Pringle, M. K. The needs of children. New York: Schoken Books, 1975.

Prior, M., Perry, D., & Gajzago, C. Kanner's syndrome or early-onset psychosis: A taxonomic analysis of 142 cases. Journal of Autism and Childhood Schizophrenia, 1975, 5, 71-80.

Prugh, D. G., Engel, M., & Morse, W. C. Emotional disturbance in children. In N. Hobbs (Ed.), Issues in the classification of Children (Vol. I). San Francisco: Jossey-Bass, 1975.

Quay, H., Morse, W., & Cutler, R. "Personality Patterns of Pupils in Special Classes for the Emotionally Disturbed." Exceptional Children. Vol. 33, 1966, pp. 297-301.

Quick, J., & Palmer, J. Time-in counseling and fair fight procedures. Tampa, Florida: Florida Mental Health Institute, 13301 N. 30th Street.

Randolph, N. Self-enhancing education. Palo Alto, California: Sanford Press, 1967.

Rank, O. Will therapy and truth and reality. New York: Knopf, 1945.

Rank, O. Beyond psychology. New York: Dover Publications, 1941.

Raths, L., Harim, M., & Simmon, S. Values and teaching. Columbus, Ohio: Charles E. Merrill, 1966.

Ravlin, M. M., & Morse, W. C. A resource guide to affective/behavioral science education. Ann Arbor, Michigan: The Behavioral Science Education Project, Washtenaw County Community Mental Health Center, 1977.

Redl, R. When We Deal With Children. Chicago: Free Press, 1966.

Redl, F., & Wineman, D. Children Who Hate: The Disorganization and Breakdown of Behavior Controls. Riverside, New Jersey: Free Press, 1965.

Redl, F., & Wineman, D. Controls From Within: Techniques For The Treatment of the Aggressive Child. Riverside, New Jersey: Free Press, 1965.

Redl, F. Mental hygiene and teaching. New York: Harcourt, Brace & World, 1959.

Redl, F., & Wineman, D. The aggressive child. New York: Free Press, 1957.

Reger, R. "Resource Rooms: Change Agents or Guardians of the Status Quo?" Journal of Special Education. Vol. 6, 1972, pp. 355-359.

Reimer, E. School is dead. Garden City, New York: Doubleday, 1971.

Reinert, H. R. Children in Conflict: Educational Strategies for the Emotionally Disturbed & Behaviorally Disordered. St. Louis: C. V. Mosby, 1976.

Reisman, E., & Beyer, L. Group counseling in an elementary school setting. Child Welfare, 1973, 52(3), 192-197.

Rhodes, W., & Tracy, M. (Eds.). A study of child variance. Volume I: Conceptual models. An Arbor: University of Michigan Press, 1972.

Rhodes, W. C., & Paul, J. L. Emotionally Disturbed Children: New Views and Approaches. Englewood Cliffs, New Jersey: Prentice-Hall, 1978.

Rhodes, W. C., & Tracy, M. L A Study of Child Variance, Vol. 2: Interventions. (Conceptual Project in Emotional Disturbance; Institute for the Study of Mental Retardation and Related Disabilities.) Ann Arbor: University of Michigan Press, 1972.

Rhodes, W. C., & Gibbins, S. Community programming for the behaviorally deviant child. In H. Quay and G. Werry, Psychopathological disorders in children New York: John Wiley, 1972.

Risley, T. The effects and side effects of punishing the autistic behaviors of a deviant child. Journal of Applied Behavior Analysis, 1968, 1, 21-34.

Roberts, T., & Clark, F. Transpersonal psychology in education. Bloomington, Indiana: Phi Delta Kappa Educational Foundation, 1975.

Rogers, C. Freedom to learn. Columbus, Ohio: Charles E. Merrill, 1969.

Rogers, D. Classroom Discipline. New York: Center for Applied Research in Education, 1972.

Rose, S. Treating children in groups. A behavioral approach. San Francisco, California: Jossey-Bass, 1972.

Rosenbaum, A., O'Leary, K. D., & Jacob, R. G. Behavioral intervention with hyperactive children: Group consequences as a supplement to individual contingencies. Behavior Therapy, 1975, 6, 315-323.

Rosenberg, H. E. How effective is affective education in our secondary schools? In Jordan, J. B. (Ed.), Exceptional students in secondary schools. Reston, Virginia: The Council for Exceptional Childen, 1978.

Rosenberg, H. E., & Graubard, P. S. Peer use of behavior modification. Focus on Exceptional Children, 1975, 7(6), 1-10.

Ross, A. O. Psychological aspects of learning disabilities and reading disorders. New York: McGraw-Hill, 1976.

Ross, A. O. Psychological disorders of children. New York: McGraw-Hill, 1974.

Ross, D. M., & Ross, S. A. Hyperactivity: Research, Theory, Action. New York: John Wiley, 1976.

Ross, J. A. Parents modify thumbsucking: A case study. Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 248-249.

Ross, J. A. Use of teacher and peers to control classroom thumbsucking. Psychological Reports, 1974, 34, 327-330.

Ross, J. A., & Levine, B. A. Control of thumbsucking in the classroom: Case study. Perceptual and Motor Skills, 1972, 34, 584-586.

Rosenthal, R., & Jacobson, L. Pygmalion in the classroom. New York: Holt, Rinehart, & Winston, 1968.

Rothman, Esther. Angel Inside Went Sour. New York: Bantam, 1972.

Rothman, E. P. The Livingston School: A day school for disturbed girls. In P. H. Berkowitz & E. P. Rothman (Eds.). Public education for disturbed children in New York City. Springfield, Illinois: Charles C. Thomas, 1967.

Rothman, E. P., & Berkowitz, P. H. The clinical school -- A paradigm. In P. H. Berkowitz & E. P. Rothman (Eds.), Public education for disturbed children in New York City. Springfield, Illinois: Charles C. Thomas, 1967.

Rotter, J. B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80 (1, Whole No. 609), 1-28.

Rubin, L. J. Facts and feelings in the classroom. New York: Viking Press, 1973.

Rubin, R., & Balow, B. Learning and behavior disorders: A longitudinal study. Exceptional Children, 1971, 38, 293-299.

Rubin, T. I. Jordi, Lisa, and David. New York: Macmillan, 1962.

Ruff, T. P. "How to Use the Consultant." Educational Leadership. Vol. 31, 1974, pp. 506-508.

Ruma, E. H., & Mosher, D. L. Relationship between moral judgment and guilt in delinquent boys. Journal of Abnormal Psychology, 1967, 72, 122-127.

Rutter, M. Helping Troubled Children. New York: Plenum, 1975.

Rutter, M., Graham, P., & Tule, W. A neuropsychiatric study in childhood. Philadephia: Lippincott, 1970.

Safford, P. Teaching young children with special needs. St. Louis, Missouri: Mosby, 1978.

Samples, B., Charles C., & Barnhart . The wholeschool book. Reading, Massachusetts: Addison-Wesley 1977.

Santostegano, S. Beyond nosology: Diagnosis from the viewpoint of development. In H. E. Rie (Ed.), Perspectives in child psychopathology. Chicago: Aldine-Atherton, 1971.

Santrock, J. W. Moral structure: The interrelation of moral behavior, moral judgement, and moral affect. Journal of Genetic Psychology, 1975, 127, 201-213.

Sarason, I., & Sarason, B. Constructive classroom behavior. New York: Behavioral Publications, 1974.

Sarason, I. G., & Sarason, B. R. Constructive Classroom Behavior: A Teacher's Guide to Modeling and Role-Playing Techniques. New York: Behavioral Publications, 1972.

Sarason, S. B. The culture of the schools and the problem of change. Boston: Allyn and Bacon, 1971.

Schain, R. L., & Polner, M. Using Effective Discipline for Better Class Control. New York: Lieber-Atherton, 1964.

Scheff. T. Being mentally ill. Chicago, Illinois: Aldine, 1966.

Scheidere., E. G., & O'Connor, R. D. Effects of modeling and expectancy of reward on cheating behavior. Journal of Abnormal Child Psychology, 1973, 1, 257-266.

Schmuck, R. A., & Schmuck, P. A. Group processes in the classroom. Dubuque, Iowa: William C. Brown, 1975.

Schmuck, R. A., & Schmuck, P. A humanistic psychology of education. Palo Alto, California: National Press Books, 1974.

Schneider, M. R. Turtle technique in the classroom. Teaching Exceptional Children, 1974, 7, 22-24.

Schopler, E., & Reichler, R. J. (Eds.) Psychopathology and Child Development. New York: Plenum, 1976.

Schopler, E., & Reichler, R. J. Parents as cotherapists in the treatment of psychotic children. Journal of Autism and Childhood Schizophrenia, 1971, 1, 87-102.

Schultz, E., Heuchert, C., & Stampf, S. Pain and joy in school. Champaign, Illinois: Research Press, 1973.

Schultz, E. W. Teaching Coping Skills for Stress and Anxiety. Teaching Exceptional Children, Fall, 1980, pp. 12-15.

Schultz, E. W., Salvia, J. A., & Feinn, J. Prevalence of behavioral symptoms in rural elementary school children. Journal of Abnormal Child Psychology, 1974, 2, 17-24.

Schultz, E. W., Hirshoren, A., Manton, A. B., & Henderson, R. A. Special education for the emotionally disturbed. Exceptional Children, 1971, 38, 313-319.

Seiler, G., & Renshaw, K. Yoga for kids. Elementary School Guidance and Counseling, 1978, 12(4), 228-238.

Seligman, M. E. P. Helplessness. San Francisco: Freeman, 1975.

Senn, M. J., & Solnit, A. J. Problems in child behavior and development. Philadephia: Lee & Febiger, 1968.

Seguin, E. Idiocy and its treatment by the physiological method. New York: Brandow, 1866.

Shea, T. M. Teaching Children and Youth With Behavior Problems. St. Louis: C. V. Mosby, 1978.

Shea, T. M. Camping for special children. St. Louis, Missouri: Mosby, 1977.

Sheldon, W. H. Constitutional psychiatry. In T. Millon (Ed.), Theories of psychopathology. Philadelphia: Saunders, 1967.

Sherman, J. A., & Bushell, D. Behavior modification as an educational technique. In F. D. Horowitz (Ed.), Review of child development research (Vol. 4). Chicago: University of Chicago Press, 1975.

Shipman, H., & Foley, E. Any teacher can. . . . Chicago, Illinois: Loyola University Press, 1973.

Shirreffs, J. H. A lesson on stress. Health Education, 1977, 8(3), 41-42.

Shores, R. E., Hester, P., & Strain, P. S. Effects of teacher presence and structured play on child-child social interaction among handicapped preschool children. Psychology in the Schools, 1976, 13, 171-175.

Shotel, J. R., Iano, R. P., & McGettigan, J. F. "Teacher Attitudes Associated With the Integration of Handicapped Children." Exceptional Children. Vol. 38, 1972, pp. 677-683.

Sibley, S. A., Abbott, M. S., & Cooper, B. P. Modification of the classroom behavior of a disadvantaged kindergarten boy by social reinforcement and isolation. Journal of Experimental Child Psychology, 1969, 1, 203-219.

Siemon, M. Mental health in school-aged children. The American Journal of Maternal Child Nursing, 1978, 3(4), 211-217.

Silberman, C. E. Crisis in the Classroom: The Remaking of American Education. New York: Random House, 1970.

Silverman, M. How to handle problem behaviors in school. Lawrence, Kansas: H & H Enterprises, 946 Tennessee St., 1980.

Simmons, J. Q., & Reed, B. J. Therapeutic punishment in severely disturbed children. Current Psychiatric Therapy, 1969, 9, 11-18.

Simon, S., & O'Rourke, R. Values clarification strategies for exceptional children. Englewood Cliffs, New Jersey: Prentice-Hall, 197[illegible]

Simon, S. B. Readings in Values Clarification. Minneapolis: Winston Press, 1973.

Simon, S., Lowe, L., & Kirshenbaum, H. Values clarification. New York: Hart, 1972.

Simpson, E. L. Humanistic education: An interpretation. Cambridge, Massachusetts: Ballinger, 1976.

Sisk, D. Humanism as it applies to gifted children. Talents and Gifts, 1978, 18(2), 25-30.

Skiba, E. A., Pettigrew, L. E., & Alden, S. E. A behavioral approach to the control of thumbsucking in the classroom. Journal of Applied Behavior Analysis, 1971, 4, 121-125.

Skinner, B. F. Beyond freedom and dignity. New York: Knopf, 1971.

Skinner, B. F. The Technology of Teaching. New York: Appleton-Century-Crofts, 1969.

Skinner, B. F. The behavior of organisms: An experimental analysis. Englewood Cliffs, New Jersey: Prentice-Hall, 1966.

Skinner, B. F. Science and human behavior. New York: Free Press, 1965.

Skinner, B. F. Walden II. New York: Macmillan, 1948.

Slavson, S. R., & Schifferm, N. Group Psychotherapies for Children. New York: International Universities Press, 1976.

Sloane, H. N. Classroom Management: Remediation and Prevention. New York: John Wiley, 1976.

Smilansky, S. The effects of sociodramatic play on disadvantaged preschool children. New York: Wiley, 1968.

Smith, D. F. Adolescent suicide: A problem for teachers? Phi Delta Kappan, 1976, 57, 539-542.

Smith, E. The growing edges of therapy. New York: Bruner/Mazel, 1976.

Smith, W. Guidelines to Classroom Behavior. Brooklyn, New York: Book-Lab, 1975.

Solomon, R. W., & Wahler, R. G. Peer reinforcement control of classroom problem behavior. Journal of Applied Behavior Anaylsis, 1973, 4, 49-56.

Spaulding, R. L. Control of deviancy in the classroom as a consequence of ego-enhancing behavior management techniques. Journal of Research and Development in Education, 1978, 11, 39-52.

Speck, R., & Attneave, E. Family networks: A new approach to family problems. New York: Vintage Books, 1974.

Spergel, S. M. Induced vomiting treatment of acute compulsive vomiting. Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 85-86.

Spitz, R. Anaclitic depression. The psychoanalytic study of the child. 1946, 2, 313-342.

Spivack, G., Platt, J. J., & Shure, M. B. Problem solving approach to adjustment. San Francisco: Jossey-Bass, 1976.

Spivack, G., & Shure, M. B. Social adjustment of young children. A cognitive approach to solving real-life problems. San Francisco: Jossey-Bass, 1974.

Spivack, G., & Swift, M. S. The Devereux Elementary School Behavior Rating Scales. A study of the nature and organization of achievement related disturbed classroom behavior. Journal of Special Education, 1966, 1, 71-90.

Spivack, F., & Spots, J. The Devereux Child Behavior Scale: Symptom behaviors in latency age children. American Journal of Mental Deficiency, 1965, 69, 839-853.

Sprinthall, N. A. The adolescent as a psychologist: An adaptation of Kohlberg to a high school curriculum. School Psychology Digest, 1972, 2, 8-14.

Sprinthall, N. A., & Mosher, R. L. Value development as the aim of education. Schenectady, New York: Character Research Press.

Sroufe, L. A. Drug treatment of children with behavior problems. In F. D. Horowitz (Ed.), Review of child development research (Vol. 4). Chicago: University of Chicago Press, 1975.

Stainback, S. B., & Stainback, W. C. Classroom Discipline: A Positive Approach. Springfield, Illinois: Charles C. Thomas, 1977.

Standford, G. Developing Effective Classroom Groups. New York: Hart Publishing, Co., 1977.

Starfield, B. Enuresis: Its pathogenesis and management. Clinical Pediatrics, 1972, 11, 343-349.

State of Hawaii Multi-Year Program and Financial Plan for Special Education and Services 1981-1987, Hawaii State Department of Education, Office of Instructional Services, Special Needs Branch, Exceptional Children Section, 1981.

State of Hawaii Program Plan for Special Education and Special Services, Hawaii State Department of Education, Office of Instructional Services, Special Needs Branch, Exceptional Children Section, 1975.

Staub, E. To rear a prosocial child: Reasoning, learning by doing, and learning by teaching others. In D. J. De Palma & J. M. Foley (Eds.), Moral development: Current theory and research. Hillsdale, New Jersey: Lawrence Erlbaum, 1975.

Stein, A. H., & Friedrich, L. L. Impact of television on children and youth. In E. M. Hetherington (Ed.), Review of child development research (Vol. 5). Chicago: University of Chicago Press, 1975.

Stephens, T. M., Hartman, A. C., Lucas, V. H. Teaching children basic skills: A curriculum handbook. Columbus, Ohio: Charles E. Merrill, 1978.

Stephens, T. M. Directive Teaching of Children with Learning and Behavioral Handicaps. (Second Ed.) Columbus, Ohio: Charles E. Merrill, 1976.

Stephens, T. M. Implementing Behavioral Approaches in Elementary and Secondary Schools, Columbus, Ohio: Charles E. Merrill, 1975.

Stephens, B., McLaughlin, J. A., Hunt, J. McV., Mahoney, E. J., Kohlberg, J., Moore, G., & Aronfreed, J. Symposium: Developmental gains in the reasoning, moral judgment, and moral conduct of retarded and nonretarded persons. American Journal of Mental Deficiency, 1974, 79, 113-161.

Stephens, T. M. Using reinforcement and social modeling with delinquent youth. Review of Educational Research, 1973, 43, 323-340.

Steward, M. A. Hyperactive children. Scientific American, 1970, 22(4) 94-98.

Stone, F., & Rowley, V. N. Educational disability in emotionally disturbed children. Exceptional Children, 1964, 30, 423-426.

Stone, T. Organizing and Operating Special Classes for Emotionally Disturbed Elementary School Children. Englewood Cliffs, New Jersey: Prentice-Hall, 1971.

Strain, P., Cooke, T. P., & Apolloni, T. Teaching exceptional children and modifying social behavior. New York: Academic Press, 1976.

Strain, P. S., Shored, R. E., & Abraham, M. M. Direct and "spillover" effects of social reinforcement on the social interaction of behaviorally handicapped preschool children. Journal of Applied Behavior Analysis, 1976, 9, 31-40.

Strain, P., & Wiegerink, R. The effects of sociodramatic activities on social interaction among behaviorally disordered children. Journal of Special Education, 1976, 10(1), 71-76.

Strain, P. S., Cooke, T., & Apolloni, T. Teaching Exceptional Children: Assessing and Modifying Social Behavior. New York: Academic Press, 1976.

Strain, P. S., & Timm, M. A. An experimental analysis of social interaction between a behaviorally disordered preschool child and her classroom peers. Journal of Applied Behavior Analysis, 1974, 7, 583-590.

Strain, P. S., & Shores, R. E. Social reciprocity: A review of research and educational implications. Journal of Contemporary Educational Psychology, in press.

Straub, I. Positive social behavior and morality (Vols. 1 and 2). Oshkosh, Wisconsin: Academia Press, 1978; 1979.

Strauss, A. A., & Kephart, N. C. Psychopathology and education of the brain-injured child (Vol. 2: Progress in theory of clinic). New York: Grune & Stratton, 1955.

Strauss, A. A., & Lehtinen (now Rogan), L. W. Psychopathology and education of the brain-injured child. New York: Grune & Stratton, 1947.

Strom, R. D., & Torrance, E. P. Education for affective achievement. Chicago: Rand McNally, 1973.

Stunkard, A. New therapies for eating disorders. Archives of General Psychiatry, 1972, 26, 391-398.

Stutte, H., & Dauner, I. Systematized delusions in early life schizophrenia. Journal of Autism and Childhood Schizophrenia, 1971, 1, 411-420.

Sulzer, B., & Mayer, G. R. Procedures of Behavior Modification in Elementary Education. New York: Holt, Rinehart & Winston, 1972.

Sutton-Smith, B., & Sutton-Smith, S. How to play with your children (and when not to). New York: Hawthorn, 1974.

Swan, W., & Wood, M. "Making Decisions About Treatment Effectiveness." In M. Wood (ed.), Developmental Therapy. Baltimore: University Park Press, 1975.

Swap, S. "Disturbing Classroom Behaviors: A Developmental and Ecological View." Exceptional Children. Vol. 41, 1974, pp. 163-172.

Swift, M., & Spivack, G. Alternative Teaching Strategies: Helping Behaviorally Troubled Children Achieve. Champaign, Illinois: Research Press, 1975.

Swift, M. S., & Spivack, G. Achievement related classroom behavior of secondary school normal and disturbed students. Exceptional Children, 1969, 35, 677-684.(a)

Swift, M. A., & Spivack, G. Clarifying the relationship between academic success and overt classroom behavior. Exceptional Children, 1969, 36, 99-104.(b)

Szasz, T. The myth of mental illness. New York: Harper & Row, 1974.

Szasz, T. S. The manufacture of madness. New York: Harper & Row, 1970.

Szasz, T. S. The myth of mental illness. American Psychologist, 1960, 15, 113-118.

Szurck, S. A. The needs of adolescents for emotional health. In Howell, J. G. (Ed.), Modern perspectives in adolescent psychiatry. New York; Brunner/Mazel, 1971.

Tamkin, A. S. A survey of educational disability in emotionally disturbed children. Journal of Educational Research, 1969, 53, 313-315.

Tanner, L. N. Classroom Discipline for Effective Teaching and Learning. New York: Holt, Rinehart & Winston, 1978.

Tanner, O. Stress. New York: Time/Life Books, 1976.

Tate, B. G., & Baroff, G. S. Aversive control of self-injurious behavior in a psychotic boy. Behavior Research and Therapy, 1966, 4, 281-287.

Taylor, P. D., & Turner, R. K. A clinical trial of continuous, intermittent, and overlearning 'bell and pad' treatments for nocturnal enuresis. Behavior Research and Therapy, 1975, 13, 281-293.

Tedeschi, J. T., Smith R. B., & Brown, R. C. A reinterpretation of research on aggression. Psychological Bulletin, 1974, 81, 540-562.

Tharp, R. G., & Wetzel, R. J. Behavior modification in the natural environment. New York: Academic Press, 1969.

Thomas, A., & Chess, S. Temperament and development. New York: Brunner/Mazel, 1977.

Thomas, A., Chess, S., & Birch, H. G. Temperament and behavior disorders in children. New York: New York University Press, 1968.

Thomas, D. R., Becker, W. V., & Armstrong, M. Production and elimination of disruptive classroom behavior by systematically varying teacher's behavior. Journal of Applied Behavior Analysis, 1968, 1, 35-45.

Thompson, T., & Grabowski, J. Behavior modification of the mentally retarded. New York: Oxford University Press, 1972.

Thurman, S. K., & Lewis, M. Children's response to differences: Some possible implications for mainstreaming. Exceptional Children, 1979, 45(6), 468-9.

Tidyman, E. Dummy. New York: Bantam, 1974.

Tinbergen, N. Ethology and stress disease. Science, 1976, 185, 20-27.

Tomlinson, J. R. Bowel retention. Journal of Behavior Therapy and Experimental Psychiatry, 1970, 1, 83-85.

Trippe, M. J. Educational dimensions of emotional disturbance -- Part and forecast. In P. Knoblock (Ed.), Intervention approaches in educating emotionally disturbed children. Syracuse: Syracuse University Press, 1966.

Trucks, L. Discipline Without Punishment in Schools: Hard-headed Humanism. Baldwin, Michigan: Effectiveness Training Associates, 1976.

Turner, C. Sane asylum. San Francisco, California: San Francisco Book Co., 1976.

Turner, D., & Balow, B. Social learning theory and group behavior change. Illinois: Benedictine College, 1968.

Turiel, E. The development of social concepts: Mores, customs, and conventions. In D. J. DePalma & J. M. Foley (Eds.), Moral development: Current theory and research. Hillsdale, New Jersey: Lawrence Erlbaum, 1975.

Tyler, R. The legitimate educational objectives in the affective domain. Innovator, 1974, 5(14), 16.

Tyler, R. Assessing educational achievement in the affective domain. NCME, 1973, 4(3).

Ullmann, L. P., & Krasner, L. A psychological approach to abnormal behavior. Englewood Cliffs, New Jersey: Prentice-Hall, 1969.

Ullmann, L., & Krasner, L. (Eds.) Case studies in behavior modification. New York: Holt, Rinehart & Winston, 1965.

Uslander, A., Weiss, C., Telman, J., & Wernick, E. Their universe: The way children feel, New York: Dell, 1973.

Valett, R. E. School psychology and the design of humanistic education. School Psychology Digest, 1972, 1(3), 15-21.

Values in action. Minneapolis, Minnesota: Winstron Press, n.d. (25 Groveland Terrace, Minneapolis, Minnesota 55402)

Values in commitment. Cleveland, Ohio: Educational Research Council, n.d.

Van Avery, D. Contrasting solutions for school violence: II. The humanitarian approach. Phi Delta Kappan, 1975, 57, 177-178.

Van Witsen, B. Teaching Strategies for Children With Severe Language and Behavior Disorders. New York: Teachers College Press, 1976.

Vanier, J. Eruption to hope. Toronto: Griffin House, 1971.

Wagman, D. Affective concepts in the literature. Unpublished report. Ann Arbor: Washtenaw Community Mental Health Program, 1977.

Wagstaff, L., & McCollough, T. "In-service Education: Education's Disaster Area." Administrator's Notebook. Vol. 21, 1973, pp. 1-4.

Wahler, R., House, A. E., & Stambaugh, E. E. Ecological Assessment of Child Problem Behavior. Elmsford, New York: Pergamon, 1976.

Wahler, R. G., Winkle, G. H., Peterson, R. F., & Morrison, D. C. Mothers as behavior therapists for their own children. Behavior Research and Therapy, 1965, 3, 113-124.

Walder, L. et al. Learning of aggression in children. Boston: Little, Brown, 1971.

Walker, H. M. The acting-out child: Coping with classroom disruption. Allyn & Bacon, 1979.

Walker, H. M., & Buckley, N. K. Token Reinforcement Techniques. Eugene Oregon: E-B Press, 1974.

Walker, H. M. Empirical assessment of deviant behavior in children. Psychology in the Schools, 1969, 6, 93-97.

Walker, J. J. Developing values in children. TEACHING Exceptional Children, 1975, 7(3), 98-100.

Walsh, S. I'm me. TEACHING Exceptional Children, 1974 6(2), 78-86.

Washington, K. R. Self concept development: An affective educational experience for inner-city teachers. Young Children, 1974, 29(5), 305-310.

Wasserman, M. (Ed.) Demystifying school. New York: Praeger, 1974.

Watson, D., & Tharp, R. Self-directed behavior: Self-modification for personal adjustment. Monterey, California: Brooks, Cole, 1972.

Watt, N. F., Stolorow, R. D., Lubensky, A. W., & McClelland, D. C. School adjustment and behavior of children hospitalized for schizophrenia as adults. American Journal of Orthopsychiatry, 1970, 40, 637-657.

Watts, A. W. Psychotherapy, East and West. New York: Pantheon Books, 1961.

Webster, D. R., & Azrin, N. H. Required relaxation: A method of inhibiting agitative-disruptive behavior of retardates. Behavior Research and Therapy, 1972, 11, 67-78.

Wechsler, J. A. In a darkness. New York: Norton, 1972.

Wehman, P. Behavioral self control and the mentally retarded. Journal of Applied Rehabilitation Counseling, 1975, 6(1), 27-37.

Weiner, B. A theory of motivation for some classroom experiences. Journal of Educational Psychology, 1979, 71(1), 3-25.

Weinstein, F. & Fantini, M. D. Toward humanistic education: A curriculum of affect. New York: Praeger, 1970.

Weistein, L. Project Re-ED schools for emotionally disturbed children: Effectiveness as viewed by referring agencies, parents, and teachers. Exceptional Children, 1969, 35, 703-711.

Werry, J. S. Organic factors in childhood psychopathology. In H. C. Quay & J. S. Werry (Eds.), Psychopathological disorders of childhood. New York: Wiley, 1972.(c)

West, D. J. Present conduct and future delinquency. New York: International Universities Press, 1969.

Wetzel, R. Use of behavioral techniques in a case of compulsive stealing. Journal of Consulting Psychology, 1966, 30, 367-374.

Whelan, R. J. The relevance of behavior modification procedures for teachers of emotionally disturbed children. In P Knoblock (Ed.), Intervention approaches in educating emotionally disturbed children. Syracuse, New York: Syracuse University Press, 1966.

Whelan, R. J. Educating emotionally disturbed children: Reflections upon educational methods and therapeutic process. Forum for Residential Therapy, 1963, 1, 9-14.

Why don't people say what they mean? Pasadena, California: Barr Films, 1978.

Why am I different? Pasadena, California: Barr Films, 1978. (425 N. Michigan Avenue, Department 10A, Chicago, Illinois 60611).

Wiig, E., & Harris, S. Perception and interpretation of nonverbally expressed emotions by adolescents with learning disabilities. Perceptual and Motor Skills, 1974, 38, 239-245.

Williams, G., & Wood, M. Developmental art therapy. Baltimore: University Park Press, 1977.

Wilson, Louise. This Stranger, My Son. New York: New American Library, 1971.

Winters, S., & Cox, E. Behavior modification techniques for the special educator. New York: M. S. S. Information Corp., 1972.

Wittes, G., & Radin, N. Helping your child to learn: The Reinforcement Approach. San Rafael, California: Dimensions Publishing Co., 1969.

Wolfgang, C. H., & Glickman, C. D. Solving discipline problems: Strategies for Classroom teachers, Boston, Allyn, & Bacon, Inc., 1980.

Wolpe, J., & Lazarus, A. Behavior therapy techniques: A guide to the treatment of neurosis. New York: Pergamon Press, 1966.

Wolpe, J. Psychotherapy by reciprocal inhibition. Stanford, California: Stanford University Press, 1958.

Wood, M. M. Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children. Baltimore, Maryland: University Park Press, 1975.

Woody, R. H. Behavioral problem children in the schools. New York: Appleton-Century-Crofts (Prentice-Hall), 1969.

Worell, J., & Nelson, C. M. Managing instructional problems. A case study workbook. New York: McGraw-Hill, 1974.

Wright, B. A. An analysis of attitudes--Dynamic and effect. New Outlook for the Blind, 1974, 68(3), 106-118.

Wulbert, M., Numan, B. A., Snow, D., & Own, Y. The efficacy of stimulus fading and contingency management in the treatment of elective mutism: A case study. Journal of Applied Behavior Analysis, 1973, 6, 435-441.

Wylie, R. C. The Self Concept (Vols. 1 and 2). Lincoln: University of Nebraska Press, 1974; 1979.

Yablonsky, L. Synanon: The tunnel back. Baltimore: Penguin Books, 1972.

Yablonsky, L. The violent gang. New York: Macmillan, 1962.

Yardley, A. Learning to Adjust. Englewood Cliffs, New Jersey: Scholastic Book Services, 1973.

Yarrow, L. J. Separation from parents during early childhood. In M. L. Hoffman & L. W. Hoffman (Eds.), Review of child development research (Vol. 1). New York: Russel Sage Foundation, 1964.

Yates, A. Behavior therapy. New York: Wiley, 1970.

Young, G. C. Conditioning treatment of enuresis. Developmental Medicine and Child Neurology, 1965, 7, 557-562.

Zimmerman, J., & Zimmerman, E. The alteration of behavior in a special classroom situation. Journal of the Experimental Analysis of Behavior, 1962, 5, 59-50.

Zweig, P. The heresy of self-love: A study of subversive individualism. New York: Harper & Row, Harper Colophon Books, 1970.

§298-16 Punishment of pupils limited. No physical punishment of any kind may be inflicted upon any pupil, but reasonable force may be used by a teacher in order to restrain a pupil in attendance at school from hurting himself or any other person or property and reasonable force may be used as defined in section 703-309(2) by a principal or his agent only with another teacher present and out of the presence of any other student but only for the purposes outlined in section 703-309(2)(a). [L 1896, c 57, §34, RL 1925, §307; RL 1935, §722; RL 1945, §1836; RL 1955, §40-16; HRS §298-16; am L 1973, c 143, §1]

Case Notes

Cutting hair of pupil is not a reasonable punishment nor can it be done by either the board of health or department of public instruction as a sanitary measure. If the hair is infected, pupil may be refused attendance until decent, and parent proceeded against under provision for enforcing attendance. 8 H. 54. "Necessary and reasonable" defined, corporal punishment. 24 H. 461.

§703-309 Use of force by persons with special responsibility for care, discipline, or safety of others. The use of force upon or toward the person of another is justifiable under the following circumstances:

(2) The actor is a teacher or a person otherwise entrusted with the care or supervision for a special purpose of a minor, and:
   (a) The actor believes that the force used is necessary to further such special purpose, including maintenance of reasonable discipline in a school, class, or other group, and that the use of such force is consistent with the welfare of the minors; and
   (b) The degree of force, if it had been used by the parent or guardian of the minor, would not be unjustifiable under subsection (1)(b) of this section.

Subsection (2) permits a teacher or other person entrusted with care for a special purpose (e.g., a camp counsellor) to use such force as believed necessary to further that purpose, including the maintenance of discipline, subject to the limitations of subsection (1) relating to death and injury. This subsection recognizes that a teacher will not ordinarily need to have the full scope of parental authority, but will have certain special needs, such as maintenance of class discipline, which are peculiar to the teaching situation. The intent of the Code in allowing this limited justification is not however, to encourage corporal punishment.

SCREENING INSTRUMENTS*

Bower, E. M., Lambert, N. M. Bower-Lambert Scales for In-school Screening of Emotionally Handicapped Children. Princeton, New Jersey: Educational Testing Service, 1962.

Brown, L. L., & Hammill, D. D. Behavior Rating Profile, Pro-Ed, 333 Perry Brooks Bldg., Austin, Texas 78701, 1978.

Burks, H. F. Burks' Behavior Rating Scales. Arden Press, Box 844, Huntington, California 92646, 1975.

Cassel, R. N. The Child Behavior Rating Scale. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles. California 90025, 1962.

Cattell, R. B., & Porter, R. B. What you do and what you think. Institute for Personality and Ability Testing, Inc., P.O. Box 188, Champaign, Illinois 61820, 1973.

Estes, T. H., & Richards, H. C. Estes Attitude Scales. Pro-Ed, 333 Perry Brooks Bldg., Austin, Texas 78701, 1981.

Fitts, W. H. Tennessee Self-Concept Scale. Counselor Recording and Tests, Box 6184, Acklen Station, Nashville, Tennessee 37212, 1964

Forer, B. R. The Forer Structured Sentence Completion Test. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025, 1967.

Gillis, J. S. Child Anxiety Scale. Institute for Personality and Ability Testing, Inc., 1602 Coronado Drive, P.O. Box 188, Champaign, Illinois 61820.

Jesness, C. F. The Jesness Inventory. The Jesness Behavior Checklist. Consulting Psychologists Press, 577 College Avenue, Palo Alto, California, 1970.

Kohn, M., & Rosman, B. "A Social Competence Scale and Symptom Checklist for the Preschool Child." Developmental Psychology, Vol. 6, No. 3, 1972, pp. 430-444.

Long, N., Fagan, S., & Stevens, D. Psychoeducational Screening System for Identifying Resourceful, Marginal and Vulnerable Pupils in Primary Grades. 3565 Brandywine Street, N.W., Washington, D.C., 1972.

McDaniel, E. L. The Inferred Self-Concept Scale. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025, 1973.

Miller, L. C. Louisville Behavior Checklist. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025, 1981.

Piers, E. V., & Harris, D. B. The Piers-Harris Children's Self-Concept Scale. Counselor Recordings and Tests, Box 6184 Acklen Station, Nashville, Tennessee 37212, 1969.

Quay, H. C., & Werry, J. S. "Observing the Classroom Behavior of Elementary School Children." Exceptional Children. Vol. 35, No. 6, 1969, pp. 361-442.

Spivack, G., & Swift, M. Devereaux Elementary School Behavior Rating Scale and Devereaux Adolescent Behavior Rating Scale. Devereux Foundation, Devon, Pennsylvania, 1967.

Vinter, R. D., Sari, R. C., Vorwallea, D. J., & Schafer, W. E. Pupil Behavior Inventory. Ann Arbor, Michigan: Campus Publishers, 1966.

Walker, H. M. Walker Problem Behavior Checklist. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025, 1976.

Wirt, R. D., Seat, P. D., & Broen, W. E. Personality Inventory for Children. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025, 1977.

*All such instruments must be used with due consideration to normal cultural differences.

PUBLISHERS OF CURRICULAR MATERIALS

Publishers of curricular materials are listed in alphabetical order. Curricular materials are coded in the following content areas:

A - Art

C - Communication

CE - Career Education

L - Language

M - Mathematics

O - Order Level Materials

R - Reading

S - Science

SS - Social Studies

Curricular materials related to the perceptual-motor area are listed in Programs and Services for the Specific Learning Disabled.

Allied Educational Council (L)
Distribution Center
P.O. Box 78
Galien, MI 49113

Allyn & Bacon, Inc. (L,R)
Longwood Department
Rockleigh, NJ 07647

American Guidance Service (L,SS,R)
Publisher's Building
Circle Pines, MN 55014
(Peabody Language Development Kits)

Argus Communications (SS)
7440 Natchez
Niles, IL 60648

Barnell Loft, Ltd. (R)
958 Church Street
Baldwin, NY 11510

Bobbs Merrill Co. (R)
4300 W. 62nd Street
Indianapolis, IN 46206

Bowmar Publishing Corp. (L,SS,R)
622 Rodier Drive
Glendale, CA 91201

Borg Warner Educational Systems (R)
(Systems 80-Reading Program)
7450 N. Natchez Avenue
Niles, IL 60648

Children's Press, Inc. (R)
1224 W. Van Buren Street
Chicago, IL 60607

Classroom Materials Co. (L,R,)
93 Myrtle Drive
Great Neck, NY 11021

Collier MacMillan Library Service (A)
866 Third Avenue
New York, NY 10022

Cuisenaire Co. of America (M)
12 Church Street
New Rochelle, NY 10805

John Day Co. (CE,M)
Distributed by Steck-Vaughn Co.
P.O. Box 2028, Vaughn Bldg.
Austin, TX 78767

T. S. Denison and Co., Inc. (R)
5100 W. 82nd Street
Minneapolis, MN 55437

Developmental Learning Materials
(CE,L,M)
7440 Natchez Avenue
Niles, IL 60648

Dexter and Wesbrook. Ltd. (R)
958 Church Street
Baldwin, NY 11510

Doubleday Multimedia (R)
(Division of Doubleday & Co.)
1371 Reynolds Avenue
Santa Ana, CA 92705

The Economy Company (L,R)
1901 North Walnut
Box 25308
Oklahoma City, OK 73125

Edmark Associates (M,R)
13429 Northrup Way
Bellevue, WA 98005

Ed-U-Cards (R)
60 Austin Boulevard
Commanck, NY 11725

Educational Activities, Inc. (R)
P.O. Box 392
Freeport, NY 11520

Educational Cards, Inc. (R)
1302 Industrial Bank Building
Detriot, MI

Educational Fun Games (M)
(Available from Educational Manpower, Inc.)

Educational Manpower, Inc. (R)
Box 4272-E
Madison, WI 53711

Educational Progress Corp. (L,R)
4900 S. Lewis Avenue
Tulsa, OK 74145

Educational Service, Inc. (L,M,R)
P.O. Box 219
Stevensville, MI 49127

Electronic Futures, Inc. (M)
57 Dodge Avenue
North Haven, CT 06473

Enrich, Inc. (L,M,R)
3437 Alma Street
Palo Alto, CA 94306

Eye Gate, Inc. (M,SS)
146-01 Archer Avenue
Jamaica, NY 11435

Fearon Publishers (A,M,R)
6 Davis Drive
Belmont, CA 94002

Field Enterprises
Educational Corporation (R)
2400 Hanover Street
Palo Alto, CA 94304

Finney Company (CE)
3350 Gorham Avenue
Minneapolis, MN 55426

Follett Educational Corp. (L)
1010 W. Washington Boulevard
Chicago, IL 60607

Fun Publishing Co., Inc. (R)
P.O. Box 40238
Indianapolis, IN 46240

Garrard Publishing Co. (L,M,R)
1607 North Market Street
Champaign, IL 61820

General Learning Corp. (CE)
Distributed by Silver Burdett Co.
8301 Ambassador Row
Dallas, TX 75247

Golden Press, Inc. (R)
Division of Western Pub. Co.
850 Third Avenue
New York, NY
Send orders to:
1220 Mound Avenue
Racine, WI 53404

Go-Mo Products (L)
1906 Main Street
Cedar Falls, IA 50613

Grolier Educational Corp. (CE)
845 Third Avenue
New York, NY 10022

Grosset and Dunlap (R)
51 Madison Avenue
New York, NY 10010

D. C. Heath & Company (R)
125 Spring Street
Lexington, MA 02173

Hoffman Information Systems (R)
5623 Peck Road
Arcadia, CA 91006

Holt, Rinehart & Winston (L,R)
383 Madison Avenue
New York, NY 10017

Houghton Mifflin Co. (M,R)
2 Part Street
Boston, MA 02107

Hubbard Scientific (S)
2855 Shermer Road
Northbrook, IL 60062

Ideal School Supply Co. (L,M,R)
11000 South Laverne Avenue
Oak Lawn, IL 60453

Insight Media Programs (R)
13900 Panay Way, M-120
Marina del Rey, CA 90291

Instructor Corporation (M,R)
Cedar Hallow and Matthews Road
Paoli, PA 19301

Instructor Publications, Inc.
Dansville, NY 14437

Kenworthy Educational
Service Inc. (R)
P.O. Box 3031
Buffalo, NY 14205

Learning Systems Press (R)
P.O. Box 909
Rantoul, IL 51866

Listener Educational Enterprises (L)
Cromars'
1200 Stout Street
Denver, CO 80204

Love Publishing Co. (A,C,O,L,M,R)
6635 East Villanova Place
Denver, CO 80222

Lyons and Carnaha (R)
(merged with Rand McNally)
School Departmen
Box 7600
Chicago, IL 60680

MacMillan Publishing Co., Inc. (R)
866 Third Avenue
New York, NY 10022

McGraw Hill Early Learning (M)
Paoli, PA 19301

Media Materials, Inc. (R)
2936 Remington Avenue
Department H5
Baltimore, MD 21211

Charles E. Merrill Pub. Co. (SS,R)
1300 Alum Creed Drive
Columbus, OH 42316

Milton Bradley Co. (L,M,R)
Springfield, MA 01101

Playskool--Milton Bradley Co.
70 Park
Springfield, MA 01101
(See Milton Bradley for distributors)

Prentice-Hall, Inc. (M,R)
Englewood Cliffs, NH 07632

Pruett Publishing Co. (A)
3235 Prairie Avenue
Boulder, CO 80301

Random House, Inc. (R)
Department M-2X
400 Hahn Road
Westminster, MD 21157

Reilley and Lee Co. (R)
114 W. Illinois Street
Chicago, IL 60604

Remediation Associates, Inc. (L)
Van Nuys, CA

Scholastic Book Services (R)
904 Sylvan Avenue
Englewood Cliffs, NJ 07632

Science Res. Assoc. (L,M,R,SS)
259 East Erie Street
Chicago, IL 60611
(Distar Language, Distar Reading,
Distar Arithmetic Programs)

Scott, Foresman and Co. (M,R)
1900 East Lake Avenue
Glenview, IL 60025

Steck-Vaught Co. (M,R)
P.O. Box 2028
Austin, TX 78767

Teachers Publishing Corp.
Subsidiary of Crowell,
Collier & MacMillan, Inc.
866 Third Avenue
New York, NY 10022

Teaching Resources, Inc. (M)
100 Boylston Street
Boston, MA 02116

TREND Enterprises (M)
Box 3073
St. Paul, MN 55165

U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20020

University of Kansas (M)
Special Education Instructional
Materials Center
(Real Life Math)
Lawrence, KS 66044

Western Publishing Co., Inc.
Wayne Distribution Center
150 Parish Drive
Wayne, NY 07470

Westinghouse Learning Press
100 Park Avenue
New York, NY 10017

H. Wilson Corporation (L)
555 West Taft Drive
South Holland, IL 60473

Wollensak (M)
Distributed by:
Davis Audio-Visual Inc.
1801 Federal Boulevard
Denver, CO 80204

Xerox Education Publications (R)
Education Center
Box 1195
Columbus, OH 43216

COMMUNITY RESOURCES

National Resource Centers

There are currently some federal projects related to program development for emotionally handicapped children and youth. General information related to identification, appraisal and programming of these children can be obtained from Learning Resource Center networks such as the Regional Resource Center which serves the State of Hawaii. The Regional Resource Center is located at the University of Southern California, 3325 Wilshire Boulevard, Suite 1345, Los Angeles, California 90010. This center provides information related to identification, evaluation, and educational programming of the school-age population.

Career Information Center

This facility located at the University of Hawaii at Manoa (2327 Dole Street, Honolulu, Hawaii 96822, phone: 948-6579) is an excellent resource for all special education teachers. In addition to copious resources to develop career awareness, exploration, and vocational education, many other instructional materials of particular value to special education teachers are available for loan, e.g., affective education methods and materials.

RESOURCES AVAILABLE FROM THE OFFICE OF INSTRUCTIONAL

SERVICES, OCCUPATIONAL DEVELOPMENT AND STUDENT SERVICES BRANCH

Career Education in Hawaii: Handbook of Community Resources and Visitation Sites

This document is an excellent resource for developing career and vocational awareness. It includes guidelines for developing community resource files and for effective utilization of community resources as well as directories of both community and national resources. A model for implementing the use of community resources is also presented.

The Peer Counselor-Consultant Training Manual

That children learn best by teaching other children is a long standing educational axiom. The peer counselor-consultant is an approach which utilizes peer energy and leadership and teaching/learning skills to develop in oneself and others motivation for responsible behavior and life coping skills.

This document is a tool to implement such an approach to human development. It is a timely and welcome reference for counselors, teachers and students.

The Foundation Guidance Program Guide (K-12)

The Foundation Guidance Program is one component of the State Plan for Comprehensive Guidance Program (CGP) adopted by the State of Hawaii, Department of Education in 1975. It is composed of a systematically and sequentially planned series of guidance activities, kindergarten through twelfth grade, which are related to student performance objectives in the four developmental areas of guidance: (1) personal growth and development, (2) social growth and development, (3) educational planning and development, and (4) career planning and development. The Foundation Guidance Program (FGP) is the minimum component of the CGP to be installed by every public school in Hawaii. The FGP is a step toward an expanded school guidance program for ALL students.

Hawaii Career Development Continuum Curriculum Guides (K-3, 4-6, 7-9, 10-12)

Each student needs to be made aware of the worth and dignity of work through field observations and exploratory experiences integrated with classroom instruction in academic skills. Through these experiences each student will become acquainted with the many different fields of endeavor and become aware of his own abilities so as to be able to choose a career in which he

will be both successful and content. Finally, the curriculum should instill in the student the idea that education does not end but continues throughout life, whether he goes directly into his chosen field or seeks further formal education.

The Career Development Continuum curriculum guides, K-3, 4-6, 7-9, and 10-12, provide for a broad approach to the economic, social and psychological development of each individual, involving life styles and values. These guides suggest instructional experiences for developing the capability of coping with the world in which the individual lives and will live in the future.

The Foundation Program: Career Education and Guidance

A resource document of activities in career education and guidance. This resource document was developed by the Curriculum Research Development Group, University of Hawaii under contract by the consortium of seven districts of the Department of Education with funds from Title IV part D. It provides a prescriptive format of activities for the classroom in 13 individual modules, one for each grade level (K-12). Cross references are made between career development and guidance goals and performances expectations are identifed at each grade level. Complete sets of all modules can be found in each school library.

Guidance Curriculum Guide: Career Development (Intermediate or Advanced)

Major concepts in the areas of Self-Appraisal, Occupational Explorations, and Educational Planning are incorporated into learning packets to meet the need for individualized instruction. Each packet identifies a key idea to be learned along with a learning objective written in behavioral terms and suggested activities. Quest activities are also suggested for those students motivated to study a topic in greater depth. Outlines for discussion topics and suggestions for the conduct of small group discussions are also included in this resource.

The Occupational Skills Program Handbook

The restructured secondary vocational-technical education program for Hawaii is designed to fulfill the needs of the many youngsters in search of relevant occupational preparation. The program unites an individual with a suitable curriculum in such a way that the student is better equipped to pursue an occupational goal--be it immediate entry into an occupation, continued training in the community colleges, trade schools or apprenticeship program, or toward a profession.

The Occupational Skills Program, a sub-program within the restructured program, is specifically for special education students. This program supplemented the Department of Education's Special Education Program by providing actual occupational experiences for these students, to help them in their quest for a meaningful and satisfying job fulfillment in their adulthood. This revised handbook was developed to provide guidelines for the implementation of the Occupational Skills Program.

Special Education-Vocational Rehabilitation Work-Study Program Standards

This document describes the cooperative effort of the Departments of Education and Social Services and Housing to provide opportunities for handicapped youth in public high schools to develop academic, social, and vocational skills and competencies essential for securing and maintaining successful employment.

SPECIAL EDUCATION INSTRUCTIONAL OBJECTIVES BANKS

Behavioral Characteristics Progression (BCP)

The BCP contains over 2,300 behaviors grouped into 59 strands. The strands cover skill areas such as: self-help; mobility; visual/motor; language; academic; social; and vocational. Each of the 59 strands is developmentally sequenced. Strands contain up to 50 specific behaviors. The strands begin with primary behaviors and progress in small increments to those behaviors considered socially "acceptable." Lists of problem behaviors are provided for each strand to help determine which of the 59 strands are most relevant to an individual's needs. These Identifying Behaviors are effective for preliminary or in-class screening.

The BCP is ideal for curriculum development and staff/parent communication. It is designed without reference to labels or age (non-discriminatory), and can be easily adapted to varied instructional settings or techniques.

The BCP is available for purchase from the VORT Corporation, P.O. Box 11132, Palo Alto, California, 94306.

Fundamentals, Operations, Resources, Environment (FORE)

System FORE is a non-graded, criterion-referenced, developmental guide and academic map covering the normal development age range of approximately six months to ten years. The content areas include language, reading, mathematics, self-help, motor, leisure time, daily living, workshop, and social skills. The content in each area is subdivided into strands with objectives in each strand in sequential developmental levels. Criterion-referenced tests (inventories) have been developed for each objective.

Development of System FORE is continuing. Computer storage and retrieval systems are currently being developed and objectives are being written in additional content areas. System FORE is available for purchase from Wilwel Press, 4230 Gray's Gable Road, Laramie, Wyoming, 82070.

Modular Educational Achievement Descriptors (MEAD)

MEAD consists of collections of instructional objectives and criterion measurement items in the content areas of communication, mathematics, career education, social/emotional behavior, reading, basic living skills, preschool skills, and American government and history. MEAD was designed for use with learning disabled, emotionally impaired, hearing impaired, physically impaired, and mildly mentally retarded pupils at the elementary and secondary levels.

MEAD is available for purchase from Oakland Schools, 2100 Pontiac Lake Road, Pontiac, Michigan, 48054.

Vocational Education/Special Education Project (VESEP I and II)

VESEP I contains 10 Cluster Guides covering 10 occupational clusters and 34 occupational subclusters. Vocational tasks have been identified in each subcluster, as well as the skills/knowledge required for the tasks, possible instructional methods to use in teaching the handicapped to perform the tasks, suggested references and instructional materials to use in teaching the tasks.

VESEP II was developed to provide prevocational education instructional materials to assist schools in implementing a prevocational education model. The concept upon which the materials were developed is that there are basic functioning skills in the Cognitive, Psychomotor and Social (Affective) domains which are essential and/or desirable for the learner prior to enrolling in a vocational class. The purpose of the VESEP II is to help identify the enabling skills and needs of the learner, the instructional plan for acquisition of needed skills, and the assessment of occupational interest areas.

VESEP I and II are available for purchase separately or as a set from Central Michigan University, Vocational Education/Special Education Department, 225 Sloan, Mt. Pleasant, Michigan, 48859.

Instructional Exceptional Prescriptions (EBSCO IEP Kits)

EBSCO IEP-1 is a Personal Competencies Program developed for teachers of severely profoundly, and moderately retarded. IEP-2 is a Behavioral Attitudinal Instructional Kit developed for teachers of behaviorally disordered, emotionally disturbed, or mildly retarded youngsters which provide goals, objectives, instructional methods, and resources for the following areas: reasoning, self-control, listening, honesty, attention span, adaptive behavior, task completion, self-confidence, handwriting, person to person relations, eye-motor coordination, sensory perception, attendance/punctuality, auditory perception, and functional arithmetic. IEP-3 Kit is a personal, social, and occupational competencies program for secondary students. Personal goal areas include physical health, mental health, first aid, cleanliness, grooming, clothing, foods and nutrition, and home maintenance. Social goal areas include basic etiquette, interpersonal relationships, communication, family living, and leisure activities. Occupational goal areas consist of occupational orientation, job seeking, job application, job maintenance, consumer information, and community participation.

EBSCO IEP Kits are available for purchase from the VORT Corporation, P.O. Box 11132, Palo Alto, California, 94306.

The Social Learning Curriculum (K-12)

These materials are structured so that a variety of activities can be used daily to build the student's potential for critical thought and independent action. These activities include listening, discussion, role-playing, motor involvement, music, art, games, and other types of teacher-student interaction. Lessons are presented in developmental sequence, with a provision for teacher assessment of the students prior to changing, expanding, or reinforcing the activities. The activities are designed to have relevance to the student's immediate environment and, at the same time, to be a foundation for learning in the near and distant future.

This curriculum may be purchased from Charles E. Merrill Publishing Co., Columbus, Ohio, 43216.

Instructional Based Appraisal System (IBAS)

This "objective cluster bank" provides a great variety of instructional goals and objectives in the areas of reading, math, and social skills and a systematic recording system for keeping track of progress in those areas. Volume I is designed for the mildly handicapped and includes 224 goals. Volume II is designed for the severely and profoundly handicapped and includes 164 goals. Both volumes are designed to be starter resources to simplify individualized educational programming. Volume III is a compendium of career education objectives.

These volumes may be purchased from Edmark Associates, 13241 Northrup Way, Bellevue, Washington, 98005.

INEXPENSIVE ITEMS FOR USE IN STORING AND ORGANIZING MATERIALS

For Students:

Three-gallon ice cream cartons
Mailboxes
Oatmeal boxes (stacked sideways and glued together)
Cloth sacks
"Portable" plastic buckets or dishpans (stackable)
Shoeboxes
Cigar boxes
Manila folders
Accordion-type folder with fold top and string
Three- and five-pound tin cans with plastic lids

For Teachers:

Large artist's portfolios
Suitcases
Footlockers and trunks
Large cardboard storage boxes (collapsible when not in use)
Large cardboard mailing tubes
Bags with drawstrings (to be hung on closet hooks)
Shoe bags (for scissors, paint brushes)
Spindles
Pegboards
Recipe boxes
Skirt hangers (for hanging charts)

For Classroom Materials:

Stacks of cardboard file cabinets
Cloth shoe holders (for scissors, paint brushes)
Wire baskets (stackable)
1/2-gallon milk cartons hung on a pegboard
Large tin cans
Scrapbooks
Carts (on wheels)
Small buckets or baskets with handles (for crayons, scissors, pencils, brushes, etc.)
Hosiery boxes
Bleach bottles (plastic) with necks cut off, handles left on
Baby food jars/cottage cheese containers (for pins, staples, clips, stickers, etc.)

ITEMS TO COLLECT FOR CLASSROOM PROJECTS

Baskets
Bricks
Hats
Masks
Maps
Bottle Cutting Kit
Coffee Cans
Balsa Wood
Wood Burning Set
Macaroni and Other Pasta
Plastic Containers
Potato Chip Cans or
Tennis Ball Cans
Soda Bottle Cartons
(wood and cardboard)
Milk Cartons
Photo Albums
Catalogs
Sand
Old Photographs
Leather Scraps
Old Suitcases
Window Shades
Pizza Boards
Pop Tabs (from
aluminum cans)
Plastic Margarine
Containers
Concrete Blocks
Paper Doilies
Styrofoam
String, Twine
Egg Cartons
Wood Dowels
Wood and Plastic
Spoons
Plastic Containers
Bleach Bottles
Cotton (balls & loose)
Bottles
Buttons
Foam Rubber
Hosiery Boxes
Baby Food Jars
Straws
Waxed Paper
Tin Cans - all sizes.

Egg Shells
Bicycle Boxes
Toothpicks
Nutshells
Laundry Basket
Packing Materials
(styrofoam "peanuts")
Kites
Bread Wrappers
Trunks
Milk Cartons
Dried Flowers, Weeds, and Moss
Orange Crates
Plastic Wrap (e.g., Saran)
Plastic Eggs (L'Eggs hosiery
containers)
Hangers
Pastry Brush
Clothespins
Broom
Boxes - all shapes and sizes
Box Tops & Can Tops
Butcher Paper
Newspapers
Feathers
Jars
Plastic Glasses and Cups
Word Scraps
Old Textbooks and Workbooks
(to cut apart)
Plastic Bags
Cardboard Tubes
Paper Sacks
Record Album Covers
Curtain Rods
Tongue Depressors
Shoeboxes
Mattress Boxes
Can Opener
Beans, Beads
Trays
Jokes and Riddles
Paper Punch
Ideas (kept in a file, notebook,
on tape or film)
Shoe Polish
Empty Window Cleaner Spray Bottles

Felt, Burlap, or Vinyl
Florist Tape
Sectioning Boxes (liquor store is a good source)
Foam Rubber Pieces
Magnets,all sizes
Scrapbook
Sequins, Glitter
Cookie Cutters
Old TV without parts
Magnetic Rubber Strips
Old Calendars
Paraffin
Cereal Boxes
Wallpaper
Bottle Caps
Tools
Cloth of all kinds
Old Clothing
Wire Cutters
Puzzles
Mixing Bowls
Old Slides
Flashlight
Magazines
Travel Brochures
Pictures
Plastic Utensils
Carpet Scraps
Old Sheet (for dyeing)
Old Checks
Plastic Tablecloth
Aluminum Foil
Comic Books
Old Film Canisters
Mirrors
Tape
Placemats from chain restaurants
Travel Posters
Wire
Pipe Cleaners
Greeting Cards
Gift Wrapping Paper
Paper Plates
Cord
Recipes
Plastic Pail
Rocks
Rice and Popcorn
Tile Squares
Clay Pots
Used Light Bulbs
Pegboards
Recipe Boxes
Pillows
Rugs
Yarn, Thread, Jute
Contact Paper
Used Paper for Recycling
Flour and Salt
Label Maker
Hamburger and Other Cartons (from "fast food" places)

SOURCES OF FREE OR INEXPENSIVE MATERIALS

Garage/Yard Sales
Teachers, Grandparents, Parents Friends
Auctions
Estate Sales
Sidewalk Sales
Book Sales
Second-Hand Book Shop
National Merchandise Shows (Home Shows, Boat, Sports and Travel Show, Hot Rod Show -- these often given away free pamphlets, posters, and items during display and show time)
Fraternities, Sororities (donation and volunteers)
Print Shop (paper scraps)
Appliance Stores (large appliance cartons)
Carpet Stores (samples and upholstery fabric)
Radio Stations (old records from disc jockeys)
Pizza Restaurants (cardboard circles)
Montgomery Ward, Sears & Roebuck and other department chain stores (slides of items that appear in their catalogs, often discarded; old catalogs)
Bakeries (charts, coated sacks day-old doughnuts)
Municipal Offices (charts on safety)
Grocery Stores (posters, standups, displays, racks, fruit crates)
Airlines (posters, pamphlets, flight attendants' "wings" for children)
R. F. Kennedy Foundation (for pamphlets)
Chambers of Commerce (city maps, list of places to visit, places offering tours)
Nurseries (small plants often discarded)
Telephone Company (teaching materials, phone books, excess colored wires)
Armed Forces Recruiting Stations (posters)
Army/Navy Surplus Stores (used and recycled items)
Construction Companies (cable spools)
Newspaper Publishers (newsprint paper left on rolls)
Instructor Magazine (many free items available from monthly list)
Avon (free samples)
Knit shops, craft stores, construction sites (odds and ends that they will give away)
Paint Stores (discarded acoustical tile)
Publisher's Exhibits (curriculum materials and samples; sometimes you can field-test materials and thereby get a free copy)
Pet Shops (leaky aquariums, frequently are sold at a much reduced price, and they can be used for many other purposes)
School Districts (a source for old textbooks)
Goodwill Industries/Salvation Army (inexpensive recycled items)
Dinner Playhouses and Playhouses (sometimes will offer free matinees)
Publishing Companies (often will send free posters advertising a series)
Wallpaper Shops
Banks (frequently have pamphlets and sometimes media such as transparencies on how to use checking accounts, savings accounts)
Cleaning Shops and Carpet Shops (heavy duty cardboard rolls)
Cleaning Establishments (some have unclaimed clothing)
Radio and TV Service Shops (discarded appliances and parts)

Department Stores (window displays)
Bread Discount Stores (wrappers, snack discounts)
Ice Cream Stores (cartons)
Police and Fire Stations (information and safety pamphlets)
Police (auctions on unclaimed merchandise)
U.S. Department of Agriculture (pamphlets, homemaking ideas, demonstrations)
"Help" Letters to Newspapers, Parents, etc., (describing needed good and services)
School Cafeteria (cans, boxes, egg cartons, etc.)
School Lunchrooms (milk cartons and empty dixie cups)
Friends, Relatives, In-laws, Clubs, Organizations, Sororities, etc., as "Junk Bankers" (supply with a list of needed items)
Stores (leave your name and phone number at stores having large, colorful advertising displays that eventually might be discarded)
Dentists, Physicians' Offices (inquire about old magazines from the waiting room)
A "Junk" Drive
Treasure Hunt with a list of needs; check:
  Drawers (especially kitchen)
  Wastebaskets
  Recycling centers
  Back rooms of grocery stores
  Attics, basements
  Alleys behind stores
  School storage rooms
  "Give Away" sections of Newpapers
Foreign Agents (posters, information and speakers representing their countries)
Train-Bus-Airline Terminals (timetables)
Florist Shops (containers, ribbon)
Car Dealers (posters, advertising pamphlets)
Restaurants (paper placements, balloons, plastic utensils, paper coasters, cartons, corks)
Gas Stations (maps, pamphlets)
U.S. Government Printing Office (free pamphlets)
Animal Shelters, Humane Societies (pamphlets on animal care)
Telephone Books (white section usually has concise but interesting history of the city or area, with a list of points of interest)
Motels/Hotels (stationery, guest soaps, sewing kits, etc., if required)
Hair Styling/Barber Schools (free or discount shampoos, haircut, styles--good as reinforcers)
Lumberyards (scrap wood, sawdust, wood curls)
Junkyards (gears and moveable parts from clocks, radios, wheels, etc.)
Merle Norman Cosmetics/Mary Kay Cosmetics (free samples and makeup demonstration)
Mental Health Associations (pamphlets; films--often loaned)

Each city or area has its own unique sources worth investigating.

RESOURCES FOR CLASSROOM MATERIALS

Abbey Press: Produces cards, gifts, posters, banners, plaques, and books, many of which are appropriate for classroom use. Most of the products are "feelings" -oriented, useful in self-concept discussion and activities. The company has an outstanding selection of posters. St. Meinard, IN 47577.

Beacon Press: The Seed Catalog (Jeffrey Schrank) A collection of ideas or "Learning seeds" for use with adolescents and adults. Books, films, tapes, records, games, publications are listed on a wide variety of topics and issues. The philosophy is that "learning takes place through involvement with a variety of viewpoints and opinions." Jeffrey Schrank also is author of Teaching Human Beings: 101 Subversive Activities for the Classroom (Beacon Press), which contains ideas to stimulate teenagers and includes units on racism, drugs, violence, sense education, and death. 25 Beacon St., Boston, MA 02108.

Celestial Arts: A source of inexpensive posters for room decorating or reinforcers for students of all ages. Emphasis on feelings and love. Dept. P 1172, 231 Adrian Rd., Millbrae, CA 94030.

Center for Applied Research in Education: Teacher's Almanac (Dana Newmann) A book containing hundreds of ideas for elementary teachers; most could be adapted for use with adolescents. Includes games, formulas, recipes, riddles, experiments, bulletin board ideas, lists of free materials, word etymologies, pen pal addresses, historical anecdotes, and others. Also includes a ready-to-use student interest inventory, a guide to printmaking, and ideas for plants from the kitchen. 521 Fifth Ave., New York, NY 10017.

Constructive Playthings: Specialized in materials for special education and early childhood education. One such item is self-sticking felt tape, sold in 1" x 15-yard roll; helpful in flannelboard activities. Catalogs available free to teachers who write request on school letterhead. 1040 E. 85th St., Kansas City, MO 64131.

Dell Publishing: Big Rock Candy Mountain A resourceful book listing ideas, books, and materials (many of them free) that can be ordered for classroom use. 750 Third Ave., New York City.

Developmental Learning Materials: DLM has a catalog presenting its materials which the company describes as "designed for success experiences for children." Includes materials for language, communication, math, fine and gross motor development, body awareness, self-concept, visual perception, career awareness, auditory perception, social awareness, and eye-hand activities. Also has Easy-Grip Scissors, softly spring-loaded plastic continuous loop handles, required only light finger or palm pressure. 7440 Natchex Ave., Niles, IL 60648.

Educational Service, Inc.: Display (Lucy Laurain) A handbook of elementary classroom ideas for creating of bulletin boards; one of the Spice series, which includes hundreds of classroom activities for topics such as science, language arts, health, black studies, ecology. P.O. Box 219, Steamville, MI 49127.

E-Z Grader: Products are hand-size cardboard slide charts that can be used by teachers and students to calculate grades. Charts available for calculating percentages, letter grades, averages, chronological ages, and various phonic skills. P.O. Box 24040, Cleveland, OH 44124.

Fidelity Products Company: A business supply firm with numerous items for classroom use, including cardboard storage files, drawers and organizers of all sizes, plastic storage bins. Catalog available upon request. Building 2873, 705 Pennsylvania Ave. S., Minneapolis, MN 55426.

Giant Photo: Posters range in size from 16" x 20" to 24" x 36" on topics including patriotic, world neighbors, social concerns, sports, travel. Art prints available in two sizes, 16" x 20" and 8" x 10", full-color reproductions of famous paintings and scenic photographs. Catalog available upon request. Box 406, Rockford, IL 61105.

Good Apple: Publishes a giant newspaper five times during the school year, packed with creative ideas. Good Apple also produces records, individualized learning center kits, and items that lend themselves to self-concept awareness activities, including a poster series entitled "My Very Own Posters," and note pads called "Happy Grams" and "Warm Fuzzies," which can be sent to students, their parents, or other teachers. Box 299, Carthage, IL 62321.

Hook 'N Loop -- Charles Mayer Studio, Inc.: A nylon, velvet-like fabric available in 30 colors. Hook 'N Loop tape is available with various pre-coatings of adhesive or with plain backing to be used with various adhesives. Can be used to create bulletin boards; the tape is used by attaching it to objects which are then hung on the bulletin board. Three-D objects such as telephones and tools, as well as graphs, charts, and papers, can hang securely. The tape has a bonding strength which allows repeated removal and replacement of objects. 140 E. Market St., Akron, OH 44308.

Huff & Company: Offers portable study carrels that can be used for single and double desks and floor space arrangements. Constructed of vinyl laminated polystyrene; can be folded into three sections. Wood carrels of four or six sections also are available. P.O. Box 3675, Stanford, CA 94305.

Incentive Publications: Produces the "Kids' Stuff" series, a child-centered presentation of many basic concepts in math, language arts, science, and creative writing. A popular book, Nooks, Crannies and Corners, describes various learning centers for creative classrooms. A companion book is Center Stuff, containing many activity sheets which can be clipped out and reproduced. Box 12522, Nashville, TN 37212.

Learning -- The Magazine for Creative Teaching: Published nine times a year. Each issue has an abundance of unique and challenging teaching ideas. A must for elementary and junior high teachers. Subscription Department, 1255 Portland, Pl., Boulder, CO 80302.

Lectro-Stick Corporation: Produces the "E-Z Up" clip, a white plastic clip approximately an inch long with a wax adhesive back. These clips adhere to metal, glass, wood, tile, concrete, and other surfaces. Papers can be easily added or removed from the clips. A special discount may be given to schools which order a certain amount of boxes. 3721 Broadway, Chicago, IL 60613.

Love Publishing Company: Publishes books for teachers of exceptional children. Topics include teaching methods and techniques, communication with parents, educational assessment, games, music, art, bulletin board ideas for special education students. The company also produces math, science, reading and language materials for exceptional children. Focus on Exceptional Children is a single-article journal published 9 times a year. 6625 E. Villanova Place, Denver, CO 80222.

Merrill (Charles E.) Publishing Co.: Structuring the Classroom for Success (Cara Volkmar, Anne Langstaff, & Marilyn Higgins, 1974) "Creating Activity Centers" is a procedure highly recommended. Columbus, Ohio.

Milton Bradley: A school supply firm. Catalog containing school furniture and equipment sections available upon request. Springfield, MA 01101.

Peabody College: Free and Inexpensive Learning Materials. This guide lists 2,800 learning resources available to teachers. Entries are indexed and organized under 96 headings, with descriptions, prices, and ordering information given for each. Division of Surveys and Field Services, Nashville, TN 37203.

Printery House: A catalog is available illustrating a selection of inexpensive, colorful posters. These posters (14" x 21") are suitable for decorating the room or for special gifts to the students. Each poster has a message related to feelings, life, friendship, and other affective topics. Conception, MO 64433.

School Days: A company that produces instructional materials, many appropriate for use in special education classrooms. One item is "Post-It Strips" (Scotch Brand), mounting tape with adhesive on both sides for displaying papers, etc. without damaging the wall surface or display material. Catalogs available to teachers who write request on school letterhead stationery. 973 N. Main St., Los Angeles, CA 90012.

Tri-Wall Containers: The company's "Tri-Wall Pak" sheet is of sturdy, lightweight cardboard for use in "cardboard carpentry" --building creative classroom projects. Can be used by teachers and students to build learning centers, toys, models, classroom equipment, mobiles, etc. Boards available in the following sizes: 42" x 54" , 4' x 5',

4' x 6', and 4' x 8'. 100 Crossways Park West, Woodbury, NY 11797. (Cardboard carpentry tools, workshops, and information available from: Workshop for Learning Things, P.O. Box 321, Watertown, MA 02172.)

United Nations -- Social Studies Materials: Embassies, consulates, missions, and information bureaus established by foreign governments. Materials include illustrated brochures, pamphlets, maps, and films. A complete listing of the information services and embassies in the United States of all United Nations members is available by writing. Public Inquiries Unit, United Nations, New York, NY 10017.

Whole Earth Catalog: Welcome addition to junior high or senior high school classrooms. Provides a variety of interesting information on current issues, organizations, crafts, etc. Addresses are provided for requesting literature on each topic. The Whole Earth Catalog can be found in bookstores.

YOUR OWN PROBLEM CASE

Directions: Working with a partner, select a problem behavior you are currently encountering in your classroom. It may be with an individual student, a small group, or the whole class. Once you have selected the target behavior write it in the space provided. Then exchange sheets with your partner. During the rest of the activity you will be working on developing a change procedure for *your partner's* target behavior. Follow the steps listed below.

(1) Operationalize the target behavior.

(2) Estimate the frequency and/or duration of the target behavior.

(3) Determine a measurement procedure.

(4) Set a reasonable goal for the target behavior.

(5) Determine an appropriate consequence.

(6) Develop an intervention program.

Target behavior:

Description of kinds of comments and actions which are included in the target behavior:

Estimated frequency (duration) of target behavior:

Measurement (observational) procedure:

Goal for the target behavior:

Consequence:

Intervention program:

BEHAVIOR ANECDOTAL RECORD

Student: _____

Description of target behavior:

Observation procedure:

Baseline data:

Observed ___ times over a period of ___ days for a total of ___ hours.

Rate of occurrence of target behavior: _____

Description of intervention program:

Reinforcer:

Program adaptation:

Results:

Total length of program: _____

BEHAVIOR OBSERVATION

NAME _____

Date	Description of behavior	Consequences of behavior	Frequency	Conditions of occurrence

Hierarchal listing of undesirable behaviors:

1.
2.
3.
4.
5.

BEHAVIOR OBSERVATION RECORD

NAME: _____

DATE OF OBSERVATION: _____

OBJECTIVE: _____

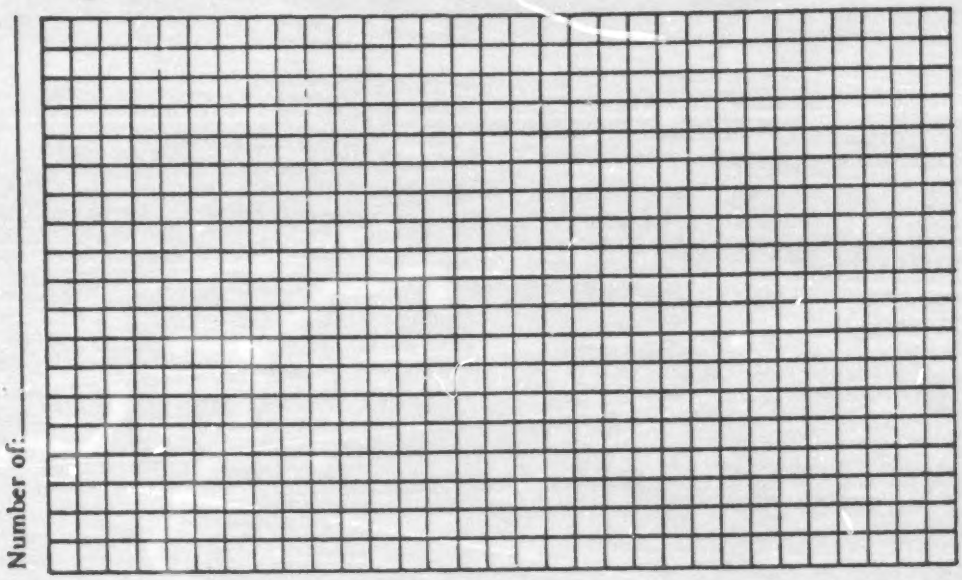
OBSERVATION:

Subject	Duration			Frequency	Total	Base Rate
	Start	End	Time			
Description of behavior: _____						
Description of behavior: _____						
Description of behavior: _____						

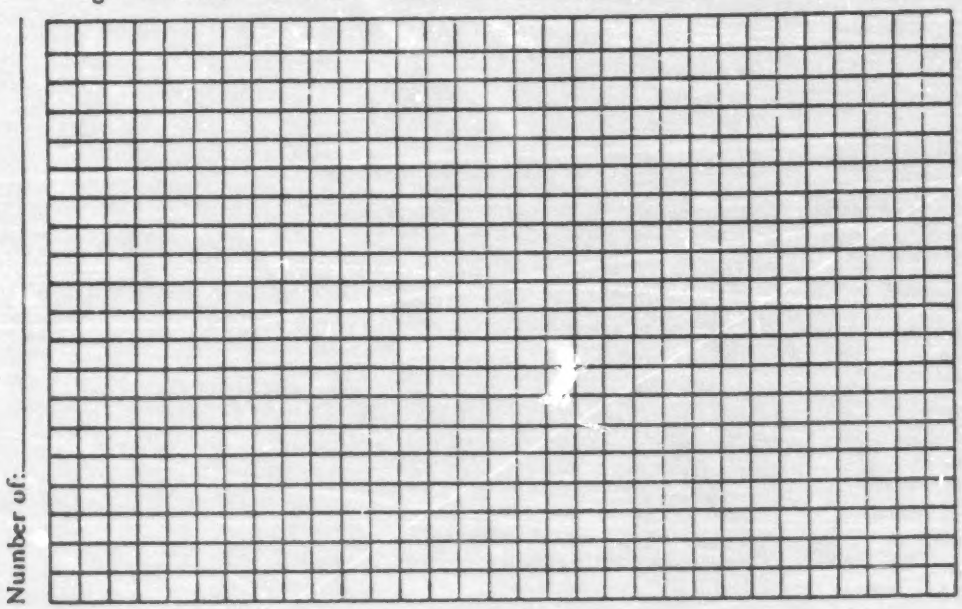
ELICITORS	APPROPRIATE BEHAVIOR RESPONSE	HIGH PROBABILITY REINFORCERS

BASELINE DATA RECORD

Target Behavior _____



Target Behavior _____



WHAT'S WRONG?

If the intervention program isn't working, check out what may be going wrong.

- Have you failed to adequately identify and define the target behavior?
- Are you being consistent in your implementation of the intervention program?
- Are you using the wrong kind of reinforcer? (What you have isolated may not be reinforcing.)
- Are you providing too much reinforcement?
- Are you giving too little reinforcement?
- Are you reinforcing too often?
- Are you providing reinforcement soon enough?
- Have you made the intervention program too complicated to be understood or implemented?
- Are the parents following through?
- Is social reinforcement by peers outweighing your contracted reinforcement?
- Did you take away reinforcers promised or earned?

MEMOS FROM A CHILD

Don't spoil me. I know quite well that I ought not to have all I ask for. I'm only testing you.

Don't be afraid to be firm with me. I prefer it; it makes me feel more secure.

Don't let me form bad habits. I have to rely on you to detect them in the early stages.

Don't make me feel smaller than I am. It only makes me behave stupidly "big."

Don't correct me in front of others if you can help it. I'll take much more notice if you talk quietly with me in private.

Don't make me feel that my mistakes are sins. It upsets my sense of values.

Don't protect me from consequences. I need to learn the painful way sometimes.

Don't nag. If you do, I shall have to protect myself by appearing deaf.

Don't make rash promises. Remember that I feel greatly let down when promises are broken.

Don't forget that I cannot explain myself as well as I would like to. That is why I'm not always very accurate.

Don't be inconsistent. That completely confuses me and makes me lose faith in you.

Don't ever suggest that you are perfect or infallible. It gives me too great a shock when I discover that you are neither.

Don't ever think it is beneath your dignity to apologize to me. An honest apology makes me feel surprisingly warm toward you.

— ANONYMOUS

Just sign on the dotted line!

I, _____

agree to _____

_____

_____

by _____. When I do, I'll be able to _____

_____

_____

Teacher's signature

_____

Date

Student's signature

EH 136

Daily Class Menu

Specialties of the House

Prices (Points)

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

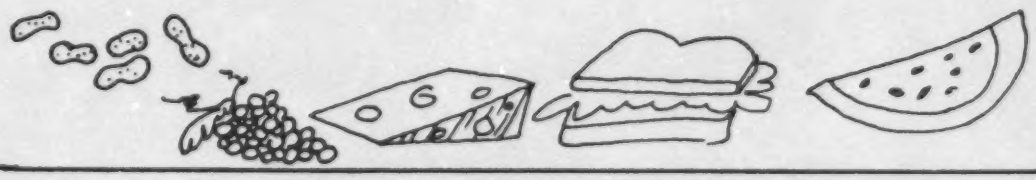
. . . . . ____

Talking period ___ minutes ____

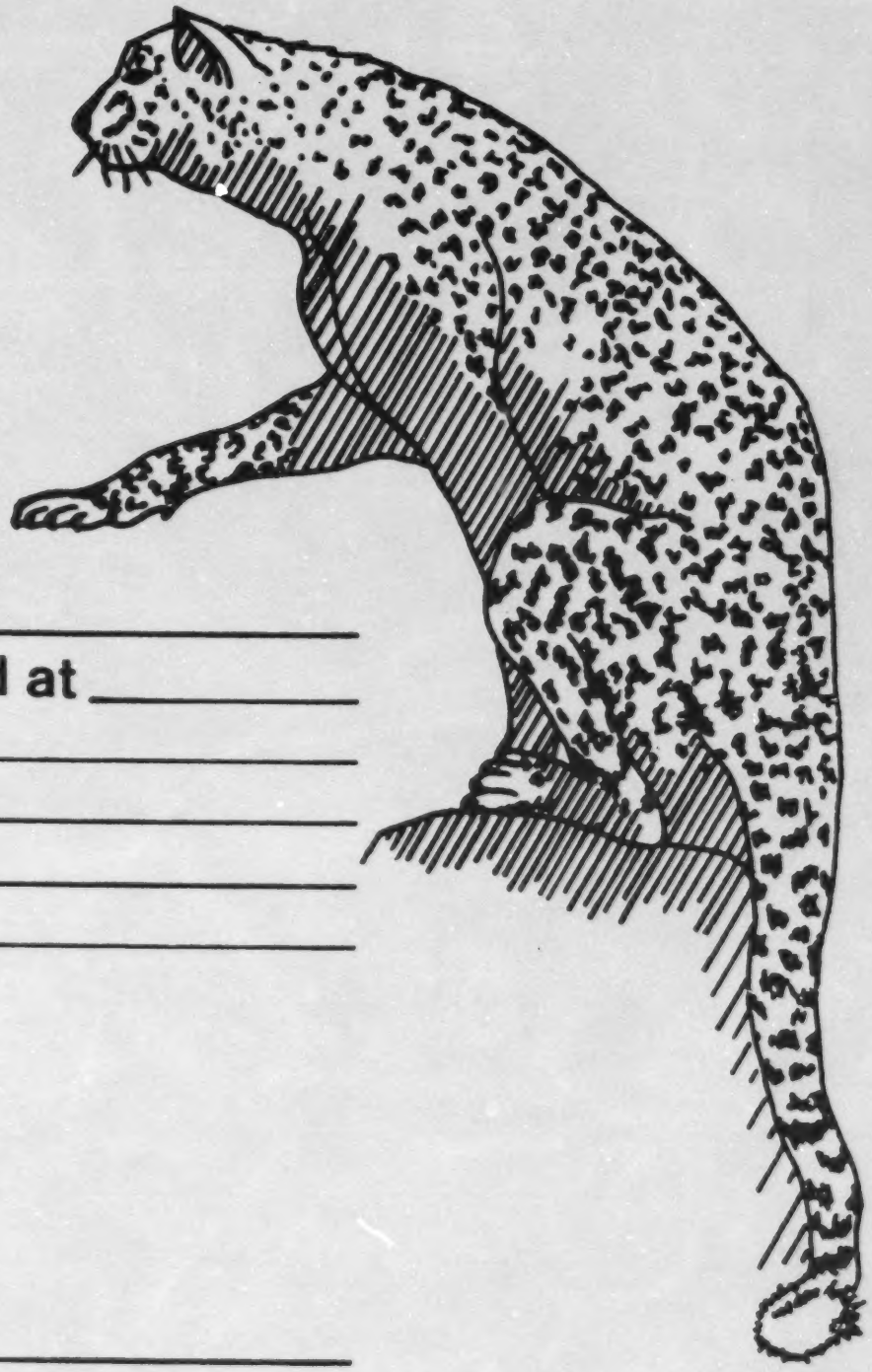
Extra recess ___ minutes ____

Library time ___ minutes ____

Free time ____ minutes ____



It's easy to "Spot"!



_____

has succeeded at _____

_____

_____

_____

_____

_____

Official Signature

_____

Date Awarded

to _____

for really good work

in _____

_____

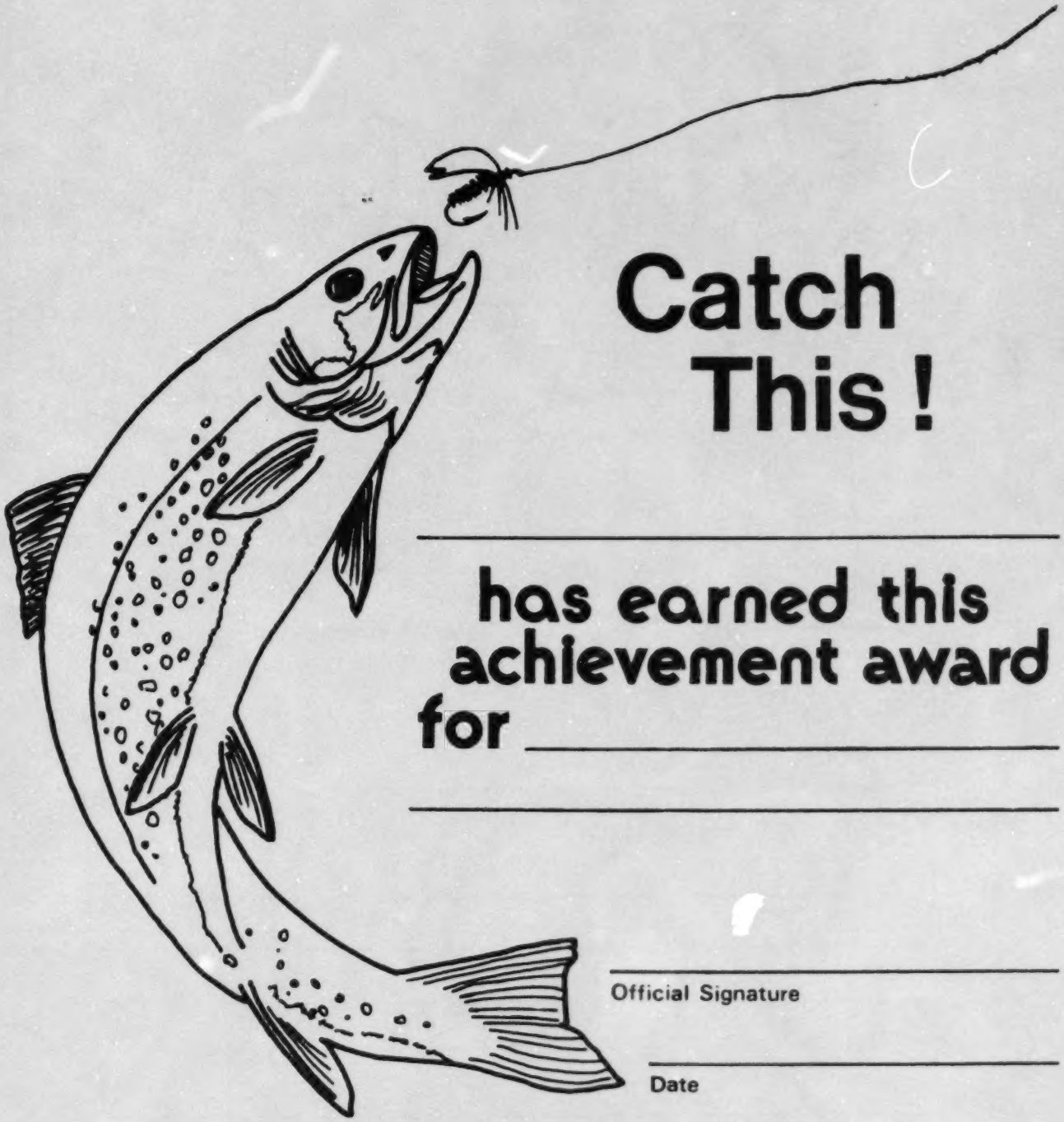
_____

_____

Official Signature

_____

Date



Catch This !

_____

has earned this achievement award for _____

_____

_____

Official Signature

_____

Date

STATE OF HAWAII

DEPARTMENT OF EDUCATION

CHECKLIST FOR SCHOOL-LEVEL BEHAVIORAL SCREENING

In order to distinguish those "children in need of special assistance" from those who are "suspected of being handicapped" and require a comprehensive diagnostic evaluation, the following procedures should be followed by the screening committee in each school:

☐ 1. The identification (pinpointing) of specific target behaviors which present learning and/or adjustment problems in the classroom and the measurement of target behaviors along these dimensions:

   a. Frequency = the number of time the target behavior occurs per unit time, e.g., six times per hour;
   b. Intensity = the relative seriousness of the target behavior, the degree to which it disrupts the student's own learning and is resistant to change;
   c. Duration = the average length of time for which the target behavior persists, e.g., ten seconds, two minutes;
   d. Context = the setting in which the target behavior occurs inappropriately, i.e., target behaviors for the classroom may differ from those for the playground;
   e. Chronicity = the overall period of time during which the target behavior has been occurring regularly, e.g., ten months, two years;
   f. Quantity = the number of target behaviors pinpointed.

☐ 2. The listing of all interventions undertaken in the school to stem target behaviors:

   a. parental involvement
   b. behavior modification strategies
   c. alternative instructional methods
   d. curricular adjustments
   e. school counselor services
   f. District services, e.g., school psychologist, resource teacher
   g. consultation with Division of Mental Health Children's Team

☐ 3. An accounting of the effects of the above interventions (#2) along the above dimensions (#1, a-f), e.g., "the frequency of out-of-seat behavior decreased 50% as a result of the parents' rewarding the child with extra time to watch TV for teacher reports of an increase in in-seat behavior."

☐ 4. Once all possible school level resources have been exhausted (#2) and there is evidence that these interventions have not been effective in significantly decreasing target behaviors (#3) in the regular setting, this child may be "suspected of being handicapped" and referral for comprehensive evaluation (Form 29/042) may be indicated. Attach #3 to referral.

STATE OF HAWAII
DEPARTMENT OF EDUCATION

CHECKLIST FOR SPECIAL EDUCATION ELIGIBILITY: EMOTIONAL HANDICAP*

☐ A. INCLUSION FACTORS (All of the following)

1. All supportive educational assistance has been exhausted:
   a. counseling services
   b. parent conferences
   c. curricular adjustments
   d. other assistance: _____
2. Evidence that an emotional disorder exists:
   a. clinical observation
   b. clinical interview
   c. clinical evaluation of mental health status
3. Evidence that an emotional disorder is chronic.
4. Evidence that an emotional disorder disrupts a student's own academic progress to a significant degree.

☐ B. EXCLUSION FACTORS (None of the following)

1. Sensory or health factor is primary cause of learning problem.
2. Cultural differences is primary cause of learning problem.
3. Mental retardation is primary cause of learning problem.
4. Specific learning disability is primary cause of learning problem.
5. Alienation is primary cause of learning problem.

☐ C. GENERAL CHARACTERISTICS (One or more are chronic)

1. An inability to learn that cannot be explained by intellectual, sensory, nor health factors;
2. Inappropriate types of behaviors or feelings under normal circumstances;
3. A general mood of unhappiness or depression;
4. A tendency to develop physical symptoms, pains or fears associated with personal or school problems;
5. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

☐ D. SPECIFIC CHARACTERISTICS (One or more are chronic)

1. Avoidance or aggressiveness in play;
2. Avoidance of adults;
3. Stereotypy;
4. Ritualistic or unusual behaviors;
5. Resistance to discipline or directions;
6. Inappropriate conduct behavior;
7. Unusual language content;
8. Physical complaints;
9. Echolalia;
10. Self-injurious behavior;
11. Hypersensitivity;
12. Withdrawal;
13. Anxiety;
14. Self-stimulation;
15. Attachment to objects;
16. Non-responsive behaviors;
17. Immature behaviors;
18. Inappropriate vocalizations.

* Please refer to page EH 38 for explanations of each criterion.

MODIFICATION SHEET

My suggested modification is with reference to the section entitled

_____,

of the chapter on _____,

on page(s) _____.

- ☐ Needs additional resources
- ☐ Inaccurate as it was
- ☐ Unclear as it was
- ☐ Too brief as it was
- ☐ Too lengthy as it was
- ☐ Too repetitive as it was
- ☐ Other: _____

I am proposing the following change(s).

Please duplicate additional sheets as needed.